### Case 16-36009 Doc 1 Filed 11/11/16 Entered 11/11/16 12:37:26 Desc Main Document Page 1 of 57

| Fill in this information to identify your case: |                               |                                 |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                               |                                 |
| NORTHERN DISTRICT OF ILLINOIS                   |                               |                                 |
| Case number (if known)                          | Chapter you are filing under: |                                 |
|   | ■ Chapter 7                   |                                 |
|   | ☐ Chapter 11                  |                                 |
|   | ☐ Chapter 12                  |                                 |
|   | ☐ Chapter 13                  | Check if this an amended filing |

### Official Form 101

### **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | tt 1: Identify Yourself  |  |   |     |
|-----|--|--|---|-----|
|     |  | About Debtor 1:                          | About Debtor 2 (Spouse Only in a Joint Case | e): |
| 1.  | Your full name   |  |   |     |
|     | Write the name that is on  | Edyta                                    |   |     |
|     | your government-issued picture identification (for example, your driver's license or passport).                                  | First name                               | First name                                  |     |
|     |  | Middle name                              | Middle name                                 |     |
|     | Bring your picture   | Iskra                                    |   |     |
|     | identification to your meeting with the trustee.   | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)    |     |
|     |  |  |   |     |
| 2.  | All other names you have used in the last 8 years  | •  |   |     |
|     | Include your married or maiden names.  |  |   |     |
| 3.  | Only the last 4 digits of<br>your Social Security<br>number or federal<br>Individual Taxpayer<br>Identification number<br>(ITIN) | xxx-xx-9314                              |   |     |

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Debtor 1 Edyta Iskra

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Include trade names and Business name(s) Business name(s) doing business as names EINs **EINs** If Debtor 2 lives at a different address: Where you live 9390 Ontario Drive Romeoville, IL 60446 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Will County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for 

### bankruptcy

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason. Explain. (See 28 U.S.C. § 1408.)

Case number (if known)

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Case number (if known) Debtor 1 Edyta Iskra

| ar         | Tell the Court About  | Your B  | ankruptcy Ca                     | ise                                |  |                 |  |   |  |
|------------|---|---|----------------------------------|------------------------------------|--|-----------------|--|---|--|
| 7.         | The chapter of the Bankruptcy Code you are  | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                  |                                    |  |                 |  |   |  |
|            | choosing to file under  | <b>■</b> C  | hapter 7                         |                                    |  |                 |  |   |  |
|            |   | □с  | hapter 11                        |                                    |  |                 |  |   |  |
|            |   | □с  | hapter 12                        |                                    |  |                 |  |   |  |
|            |   | □с  | hapter 13                        |                                    |  |                 |  |   |  |
| 3.         | How you will pay the fee  |   | about how yo                     | u may pay. Туր<br>attorney is sub  | pically, if you are p                      | aying the fee   | check with the clerk's office in your local court for more details<br>e yourself, you may pay with cash, cashier's check, or money<br>behalf, your attorney may pay with a credit card or check with |   |  |
|            |   |   |                                  |                                    | stallments. If you of ts (Official Form 1) |                 | option, sign and attach the Application for Individuals to Pay   |   |  |
|            |   |   | I request that<br>but is not req | it my fee be wa<br>uired to, waive | aived (You may re                          | equest this op  | ption only if you are filing for Chapter 7. By law, a judge may, if your income is less than 150% of the official poverty line tha ee in installments). If you choose this option, you must fill out | t |  |
|            |   |   |                                  |                                    |  |                 | Official Form 103B) and file it with your petition.  |   |  |
| <b>)</b> . | Have you filed for bankruptcy within the  | ■ No  |                                  |                                    |  |                 |  |   |  |
|            | last 8 years?   | □Y€   |                                  |                                    |  |                 |  |   |  |
|            |   |   | District                         |                                    |  | /hen            | Case number  | _ |  |
|            |   |   | District                         |                                    |  | Vhen            | Case number  | _ |  |
|            |   |   | District                         |                                    | V  | Vhen            | Case number  |   |  |
| 10.        | Are any bankruptcy cases pending or being   | ■ No  | 0                                |                                    |  |                 |  |   |  |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | □ Ye  | es.                              |                                    |  |                 |  |   |  |
|            |   |   | Debtor                           |                                    |  |                 | Relationship to you  | _ |  |
|            |   |   | District                         |                                    | v  | Vhen            | Case number, if known  | _ |  |
|            |   |   | Debtor                           |                                    |  |                 | Relationship to you  |   |  |
|            |   |   | District                         |                                    | V  | Vhen            | Case number, if known  | _ |  |
| 11.        | Do you rent your residence?   | ■ No  | Go to I                          | ine 12.                            |  |                 |  |   |  |
|            |   | □ Ye  | es. Has yo                       | ur landlord obt                    | ained an eviction j                        | udgment aga     | ainst you and do you want to stay in your residence?   |   |  |
|            |   |   |                                  | No. Go to line                     | 12.  |                 |  |   |  |
|            |   |   |                                  | Yes. Fill out Ir. bankruptcy pe    |  | oout an Evictio | ion Judgment Against You (Form 101A) and file it with this   |   |  |
|            |   |   |                                  |                                    |  |                 |  |   |  |

Case 16-36009 Doc 1 Filed 11/11/16 Entered 11/11/16 12:37:26 Desc Main Page 4 of 57 Document Case number (if known) Debtor 1 Edyta Iskra Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. of any full- or part-time Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention ■ No. property that poses or is alleged to pose a threat ☐ Yes.

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

Debtor 1 Edyta Iskra Document Page 5 of 57

Case number (if known)

Part 5:

#### Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Case 16-36009 Doc 1 Filed 11/11/16 Entered 11/11/16 12:37:26 Desc Main Document Page 6 of 57 Case number (if known) Debtor 1 Edyta Iskra **Answer These Questions for Reporting Purposes** Part 6: 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses ■ No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100.000.001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Edyta Iskra Signature of Debtor 2 Edyta Iskra

Executed on

MM / DD / YYYY

Signature of Debtor 1

October 31, 2016

Executed on

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Debtor 1 Edyta Iskra Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Michael<br>Signature of  | J. Worwag<br>Attorney for Debtor | Date                | October 31, 2016<br>MM / DD / YYYY |  |  |  |
|--|----------------------------------|---------------------|------------------------------------|--|--|--|
| Michael J. \   | Worwag                           |                     |                                    |  |  |  |
| Worwag & Firm name   | Malysz, P.C.                     |                     |                                    |  |  |  |
| The Peoples Advocates 2500 E. Devon Ave #300 Des Plaines, IL 60018 |                                  |                     |                                    |  |  |  |
|  | City, State & ZIP Code           | For all and door as | missorung@gmail.com                |  |  |  |
| #6256887 Bar number & St   | 847.954.2350                     | Email address       | _mjworwag@gmail.com<br>            |  |  |  |

Page 8 of 57 Document Fill in this information to identify your case: Debtor 1 Edyta Iskra First Name Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known)

☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | t 1: Summarize Your Assets   |             |                           |
|-----|--|-------------|---------------------------|
|     |  |             | assets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B  | \$          | 92,500.00                 |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B   | \$          | 12,000.00                 |
|     | 1c. Copy line 63, Total of all property on Schedule A/B  | \$          | 104,500.00                |
| Par | t 2: Summarize Your Liabilities  |             |                           |
|     |  |             | iabilities<br>nt you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 309,795.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F  | \$          | 23,837.00                 |
|     | Your total liabilities   | \$          | 333,632.00                |
| Par | t 3: Summarize Your Income and Expenses  |             |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I  | \$          | 4,000.00                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J  | \$          | 3,966.00                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records   |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | chedules.                 |
| 7.  | ■ Yes What kind of debt do you have?   |             |                           |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Edyta Iskra Document Page 9 of 57

Case number (if known)

| 8. | From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form |
|----|--|
|    | 122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.                              |

\$\_\_\_\_\_4,000.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total claim |      |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following:   |             |      |
| 9a. Domestic support obligations (Copy line 6a.)   | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)   | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$          | 0.00 |

|                            | Case 16-36009  | Doc 1 F                | Filed 11/11/16<br>Document                               | Entered 11/11/16   | 5 12:37:26                                    | Desc                  | Main  |
|----------------------------|--|------------------------|--|--|---|-----------------------|---|
| Fill                       | in this information to identify y  | our case and thi       |  | FAUE TO OLST   |   |                       |   |
| Deb                        | etor 1 Edyta Iskra   | Middle                 | Name   | Last Name  |   |                       |   |
|                            | otor 2 use, if filing) First Name  | Middle                 |  | Last Name  |   |                       |   |
| Unit                       | ted States Bankruptcy Court for th   | ne: NORTHERI           | N DISTRICT OF ILLIN                                      | IOIS   |   |                       |   |
| Cas                        | e number   |                        |  | -  |   |                       | Check if this is an amended filing              |
| SC<br>n ea<br>hink<br>nfor | ficial Form 106A/B  chedule A/B: Proch category, separately list and descrit fits best. Be as complete and accomplete and acco | scribe items. List a   | e. If two married people                                 | are filing together, both are e  | qually responsible                            | for supply            | ing correct                                     |
| Part                       | 1: Describe Each Residence, Buil   | lding, Land, or Oth    | ner Real Estate You Ow                                   | n or Have an Interest In   |   |                       |   |
|                            | o you own or have any legal or equi  | table interest in a    | What is the property                                     |  |   |                       |   |
|                            | 939 Ontario Drive Street address, if available, or other description   |                        | Single-family h  Duplex or mult  Condominium             | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. |   |                       |   |
|                            | Romeoville IL City State   | 60446-0000<br>ZIP Code | Land Investment pro                                      | or mobile home   | Current value of entire property? \$185,000   | pc                    | urrent value of the ortion you own? \$92,500.00 |
|                            |  |                        | ☐ Timeshare ☐ Other  Who has an interest ☐ Debtor 1 only | in the property? Check one   |   | ole, tenancy<br>nown. | ownership interest<br>by the entireties, or     |
|                            | Will   |                        | ☐ Debtor 2 only  |  |   |                       |   |
|                            | County   |                        |  | the debtors and another bu wish to add about this item   | Check if this (see instruction: such as local |                       | nity property                                   |
|                            | Add the dollar value of the port   |                        |  |  |   |                       | \$92,500.00                                     |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

Case 16-36009

Doc 1

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Desc Main

| De  | ebtor 1        | Case 16-36009<br>Edyta Iskra   | Doc 1             | Filed 11/11/16<br>Document  | Entered 11/11/16 12:37:26 Page 12 of 57 Case number (if known)                        | Desc Main   |
|-----|----------------|--|-------------------|-----------------------------|---|---|
|     | _              |  |                   |                             |   |   |
|     |                | Describe   |                   |                             |   |   |
| 11. | □ No Î         | s  bles: Everyday clothes, fu  Describe  | rs, leather coat  | s, designer wear, shoes     | accessories   |   |
|     |                | <u> </u>   | D 101             | a ·                         | 1   | ¢4 000 00   |
|     |                | Used   | Personal Clo      | thing                       |   | \$1,000.00  |
|     | ■ No<br>□ Yes. | oles: Everyday jewelry, co   | ostume jewelry,   | engagement rings, wed       | ding rings, heirloom jewelry, watches, gems,  | gold, silver  |
|     | Examp<br>■ No  | rm animals  bles: Dogs, cats, birds, ho  Describe                                | orses             |                             |   |   |
| 14. | ■ No           | her personal and house Give specific information                                 | -                 | u did not already list, i   | ncluding any health aids you did not list   |   |
| 15  |                | he dollar value of all of<br>art 3. Write that number                            |                   |                             | ny entries for pages you have attached  | \$4,000.00  |
| Pa  | art 4: De      | scribe Your Financial Asse   | ets               |                             |   |   |
| Do  | o you ow       | n or have any legal or o   | equitable inter   | est in any of the follow    | ing?  | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 16. | ■ No           | oles: Money you have in y  |                   | •                           | osit box, and on hand when you file your petit  | ion   |
| 17. | Examp<br>_     |  |                   | al accounts; certificates o | of deposit; shares in credit unions, brokerage titution, list each.                   | houses, and other similar   |
|     | ☐ No<br>■ Yes  |  |                   | Institution r               | name:   |   |
|     |                | 17.1.  | Checking          | TCF Bank                    | <u> </u>  | \$1,000.00  |
| 18. |                | , mutual funds, or publi<br>ples: Bond funds, investm                            |                   |                             | ney market accounts   |   |
|     | _              |  | Institution or is | ssuer name:                 |   |   |
| 19. | joint v        | ublicly traded stock and enture  | l interests in ir | ncorporated and uninc       | orporated businesses, including an intere   | st in an LLC, partnership, and  |
|     | ■ No<br>□ Yes. | Give specific information  | about them        |                             | % of ownership:   |   |
| 20. | Negoti         | nment and corporate bo<br>iable instruments include<br>egotiable instruments are | personal check    | s, cashiers' checks, pro    | egotiable instruments missory notes, and money orders. by signing or delivering them. |   |
|     | ☐ Yes.         | Give specific information  | about them        |                             |   |   |
| Off | icial Forr     | n 106A/B   |                   | Schedule A/B: F             | Property  | page 3  |

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| Debtor 1                         | Edyta Iskra                             |   | Document                  | Page          | 13 of 57 <sub>C</sub> | ase number (    | (if known)     |   |
|----------------------------------|---|---|---------------------------|---------------|-----------------------|-----------------|----------------|---|
|                                  |   | Issuer name:  |                           |               |                       |                 |                |   |
|                                  | ement or pension<br>aples: Interests in | accounts<br>IRA, ERISA, Keogh, 401(                               | k), 403(b), thrift saving | gs accounts   | s, or other per       | nsion or profit | -sharing plan  | S   |
| ☐ Yes.                           | . List each accou                       | nt separately.  Type of account:                                  | Institution r             | name:         |                       |                 |                |   |
| Your:<br>Exam                    |   | prepayments ed deposits you have mad s with landlords, prepaid re |                           |               |                       |                 | s companies,   | or others   |
| ■ No<br>□ Yes.                   |   |   | Institution r             | name or inc   | dividual:             |                 |                |   |
| 23. <b>Annui</b><br><b>II</b> No | ties (A contract for                    | or a periodic payment of n  | noney to you, either fo   | r life or for | a number of           | years)          |                |   |
|                                  | ls                                      | suer name and descriptio  | n.                        |               |                       |                 |                |   |
| 26 U.S                           |   | on IRA, in an account in 529A(b), and 529(b)(1).                  | a qualified ABLE pro      | ogram, or     | under a qual          | lified state tu | iition prograi | m.  |
| ■ No<br>□ Yes.                   | lr                                      | stitution name and descri   | ption. Separately file tl | he records    | of any interes        | sts.11 U.S.C.   | § 521(c):      |   |
| ■ No                             | •                                       | ture interests in propert   | y (other than anythin     | ng listed in  | line 1), and          | rights or po    | wers exercis   | able for your benefit   |
|                                  | ·                                       | formation about them  |                           |               |                       |                 |                |   |
|                                  |   | rademarks, trade secrets<br>nain names, websites, pro             |                           |               |                       | is              |                |   |
| ☐ Yes.                           | . Give specific in                      | formation about them  |                           |               |                       |                 |                |   |
|                                  |   | and other general intanç<br>mits, exclusive licenses, o           |                           | n holdings,   | , liquor licens       | es, professior  | nal licenses   |   |
|                                  | . Give specific in                      | formation about them  |                           |               |                       |                 |                |   |
| Money or                         | property owed                           | to you?   |                           |               |                       |                 |                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. <b>Tax re</b><br>■ No        | efunds owed to y                        | ou .  |                           |               |                       |                 |                | oraling or exemptions.  |
|                                  | . Give specific info                    | ormation about them, inclu  | uding whether you alre    | eady filed th | ne returns and        | d the tax year  | S              |   |
| 29. <b>Family</b><br>Exam        |   | lump sum alimony, spous   | sal support, child supp   | ort, mainte   | nance, divorc         | e settlement,   | property sett  | ement   |

No

☐ Yes. Give specific information.....

#### 30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

■ No

☐ Yes. Give specific information..

#### 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

■ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary: Surrender or refund value:

| Debtor 1     | Case 16-36009  Edyta Iskra  | Doc 1                     | Filed 11/11/16<br>Document  | Entered 11/11/16 12:37:26<br>Page 14 of 57<br>Case number (if known) | Desc Main             |
|--------------|---|---------------------------|-----------------------------|--|-----------------------|
|              | Who<br>value  |                           | rance - no cash surre       |  | \$0.00                |
| If you somed | nterest in property that is described are the beneficiary of a livin one has died.  Give specific information |                           |                             | ed<br>surance policy, or are currently entitled to rece              | eive property because |
| Exam<br>■ No | s against third parties, who ples: Accidents, employmen  Describe each claim                                  |                           |                             | it or made a demand for payment<br>s to sue                          |                       |
| ■ No         | contingent and unliquidate.  Describe each claim  | ed claims of              | every nature, includin      | g counterclaims of the debtor and rights to                          | set off claims        |
| ■ No         | nancial assets you did not . Give specific information  | already list              |                             |  |                       |
|              | the dollar value of all of yo<br>art 4. Write that number he  |                           |                             | ny entries for pages you have attached                               | \$1,000.00            |
| Part 5: De   | escribe Any Business-Related  | Property You              | Own or Have an Interest     | In. List any real estate in Part 1.                                  |                       |
| No. G        | own or have any legal or equi<br>o to Part 6.<br>Go to line 38.   | table interest            | in any business-related p   | roperty?   |                       |
|              | escribe Any Farm- and Comme<br>you own or have an interest in fa  |                           |                             | n or Have an Interest In.  |                       |
| ■ No.        | u own or have any legal or<br>. Go to Part 7.<br>s. Go to line 47.  | <sup>·</sup> equitable ir | nterest in any farm- or o   | commercial fishing-related property?                                 |                       |
| Part 7:      | Describe All Property You   | Own or Have a             | an Interest in That You Did | d Not List Above   |                       |
|              | u have other property of an<br>ples: Season tickets, country  |                           |                             |  |                       |

Official Form 106A/B Schedule A/B: Property page 5

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

 $\hfill \square$  Yes. Give specific information.......

\$0.00

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Case number (if known) Document Debtor 1 Edyta Iskra

| Part | 8: List the Totals of Each Part of this Form                 |             |                              |              |
|------|--|-------------|------------------------------|--------------|
| 55.  | Part 1: Total real estate, line 2                            |             |                              | \$92,500.00  |
| 56.  | Part 2: Total vehicles, line 5                               | \$7,000.00  |                              |              |
| 57.  | Part 3: Total personal and household items, line 15          | \$4,000.00  |                              |              |
| 58.  | Part 4: Total financial assets, line 36                      | \$1,000.00  |                              |              |
| 59.  | Part 5: Total business-related property, line 45             | \$0.00      |                              |              |
| 60.  | Part 6: Total farm- and fishing-related property, line 52    | \$0.00      |                              |              |
| 61.  | Part 7: Total other property not listed, line 54             | \$0.00      |                              |              |
| 62.  | Total personal property. Add lines 56 through 61             | \$12,000.00 | Copy personal property total | \$12,000.00  |
| 63.  | Total of all property on Schedule A/B. Add line 55 + line 62 |             |                              | \$104,500.00 |

Official Form 106A/B Schedule A/B: Property page 6

|            |                                   |   | Document  |                | Page 16 of 57   | _                           |   |  |  |
|------------|-----------------------------------|---|---|----------------|---|-----------------------------|---|--|--|
| Fil        | I in this inforr                  | mation to identify your ca  | ase:  |                |   |                             |   |  |  |
| De         | ebtor 1                           | Edyta Iskra   |   |                |   |                             |   |  |  |
| _          | h 0                               | First Name  | Middle Name   | L              | Last Name   |                             |   |  |  |
|            | ebtor 2<br>ouse if, filing)       | First Name  | Middle Name   | L              | Last Name   |                             |   |  |  |
| Un         | nited States Ba                   | nkruptcy Court for the:   | NORTHERN DISTRICT OF                                      | ILLIN          | OIS   |                             |   |  |  |
|            |                                   | aproy countries unes  |   |                |   |                             |   |  |  |
|            | ise number _<br>:nown)            |   |   |                |   |                             | Check if this is an amended filing              |  |  |
|            |                                   |   |   |                |   | _                           | aoaoag  |  |  |
| 0          | <u>fficial Fo</u>                 | <u>rm 106C</u>  |   |                |   |                             |   |  |  |
| S          | chedul                            | e C: The Pro  | perty You Cla   | im             | as Exempt   |                             | 4/16  |  |  |
|            |                                   |   | <u>.                                      </u>            |                | •   |                             |   |  |  |
| he<br>nee  | property you li                   | isted on <i>Schedule A/B: Pro</i> duction of the control | operty (Official Form 106A/B)                             | as yo          | ther, both are equally responsible for<br>our source, list the property that you<br>age as necessary. On the top of any | claim as ex                 | empt. If more space is                          |  |  |
| For        | each item of                      | property you claim as e   | xempt, you must specify the                               | e am           | ount of the exemption you claim.  | One way of                  | doing so is to state a                          |  |  |
| spe<br>any | ecific dollar ar<br>applicable st | nount as exempt. Altern tatutory limit. Some exer   | atively, you may claim the f<br>mptions—such as those for | ull fa<br>heal | ir market value of the property be<br>th aids, rights to receive certain b  | eing exempt<br>benefits, an | ted up to the amount of d tax-exempt retirement |  |  |
| exe        | emption to a p                    |   |   |                | mption of 100% of fair market valudetermined to exceed that amoun   |                             |   |  |  |
|            | <u></u>                           | fy the Property You Clair   | m as Evemnt   |                |   |                             |   |  |  |
|            |                                   |   | •   |                |   |                             |   |  |  |
| 1.         | wnich set of                      | r exemptions are you cia  | iming? Check one only, ever                               | n if yo        | our spouse is tiling with you.  |                             |   |  |  |
|            | You are cl                        | laiming state and federal r   | nonbankruptcy exemptions.                                 | 11 U.          | S.C. § 522(b)(3)  |                             |   |  |  |
|            | ☐ You are cl                      | laiming federal exemptions  | s. 11 U.S.C. § 522(b)(2)                                  |                |   |                             |   |  |  |
| 2.         | For any prop                      | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.  |   |                |   |                             |   |  |  |
|            |                                   | ion of the property and line  |   | Am             | ount of the exemption you claim   | Specific la                 | ws that allow exemption                         |  |  |
|            |                                   |   | eck only one box for each exemption.                      |                |   |                             |   |  |  |
|            | 939 Ontario                       | Drive Romeoville, IL 6  | Schedule A/B  | _              | \$15,000.00   | 735 ILC                     | S 5/12-901                                      |  |  |
|            | Will County                       |   | \$92,500.00   | _              | Ψ15,000.00  |                             |   |  |  |
|            | Line from Sci                     | hedule A/B: 1.1   |   |                | 100% of fair market value, up to any applicable statutory limit   |                             |   |  |  |
|            |                                   | a CX-9 110,000 miles hedule A/B: 3.1  | \$7,000.00  |                | \$2,400.00  | 735 ILCS                    | S 5/12-1001(c)                                  |  |  |
|            | Line from Ger                     | Tedule A/B. G. I  |   |                | 100% of fair market value, up to any applicable statutory limit   |                             |   |  |  |
|            |                                   | Goods & Used Furnitur   | re \$2,500.00   |                | \$2,500.00  | 735 ILC                     | S 5/12-1001(b)                                  |  |  |
|            | Line from Sci                     | hedule A/B: 6.1   |   |                | 100% of fair market value, up to any applicable statutory limit   |                             |   |  |  |
|            |                                   | nal Clothing  | \$1,000.00  |                | 100%  | 735 ILCS                    | S 5/12-1001(a)                                  |  |  |
|            | Line from Sci                     | hedule A/B: 11.1  |   |                | 100% of fair market value, up to any applicable statutory limit   |                             |   |  |  |
| 3.         | (Subject to ac                    | djustment on 4/01/19 and  |   | ises f         | iled on or after the date of adjustme   |                             |   |  |  |

Official Form 106C

Yes

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Case number (if known) Debtor 1 Edyta Iskra

|   | Document Pa  | <u>age 18 c</u>                        | of 57                  |                          |                             |
|---|--|--|------------------------|--------------------------|-----------------------------|
| Fill in this information to identify you          | ur case:   |  |                        |                          |                             |
| Debtor 1 Edyta Iskra                              |  |  |                        |                          |                             |
| First Name  | Middle Name Las  | st Name                                |                        |                          |                             |
| Debtor 2  |  |  |                        |                          |                             |
| (Spouse if, filing) First Name                    | Middle Name Las  | st Name                                |                        |                          |                             |
| United States Bankruptcy Court for the            | : NORTHERN DISTRICT OF ILLINO  | IS                                     |                        |                          |                             |
|   |  |  |                        |                          |                             |
| Case number (if known)                            |  |  |                        | □ Chook                  | if this is an               |
| (ii kilowii)                                      |  |  |                        | _                        | if this is an<br>led filing |
|   |  |  |                        | amend                    | ieu iiiiig                  |
| Official Form 106D                                |  |  |                        |                          |                             |
|   | Who Have Claims Se   | cured                                  | hy Propert             | V                        | 12/15                       |
| Scriedale B. Creditors                            | Wild Have Claims Se  | <del>cai ca</del>                      | by i ropert            | у                        | 12/13                       |
|   | If two married people are filing together, be  |  |                        |                          |                             |
| number (if known).                                | out, number the entries, and attach it to the  | is form. On ti                         | ie top of any addition | nai pages, write your na | me and case                 |
| 1. Do any creditors have claims secured b         | y your property?   |  |                        |                          |                             |
| ☐ No. Check this box and submit t                 | his form to the court with your other sch  | edules. You                            | have nothing else t    | o report on this form.   |                             |
| ■ Yes. Fill in all of the information             |  |  | Ü                      | •                        |                             |
|   | below.   |  |                        |                          |                             |
| Part 1: List All Secured Claims                   |  |  | Column A               | Column B                 | Column C                    |
|   | more than one secured claim, list the creditor<br>is a particular claim, list the other creditors in P |  | Amount of claim        | Value of collateral      | Unsecured                   |
| much as possible, list the claims in alphabet     |  | art 2. As                              | Do not deduct the      | that supports this       | portion                     |
| 2.4 Coliber Home Leons Inc                        | Describe the property that secures the s   | laimı                                  | value of collateral.   | claim                    | If any                      |
| 2.1 Caliber Home Loans, Inc Creditor's Name       | Describe the property that secures the compact FHA Real Estate Mortgage                                | <u> </u>                               | \$151,760.00           | \$0.00                   | \$151,760.00                |
|   | FITA Real Estate Mortgage  |  |                        |                          |                             |
| Attn: Cash Operations                             |  |  |                        |                          |                             |
| Po Box 24330                                      | As of the date you file, the claim is: Check apply.  | κ all that                             |                        |                          |                             |
| Oklahoma City, OK 73124                           | Contingent   |  |                        |                          |                             |
| Number, Street, City, State & Zip Code            | ☐ Unliquidated   |  |                        |                          |                             |
|   | ☐ Disputed   |  |                        |                          |                             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.  |  |                        |                          |                             |
| Debtor 1 only                                     | An agreement you made (such as mortg   | gage or secure                         | ed                     |                          |                             |
| Debtor 2 only                                     | car loan)  |  |                        |                          |                             |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechani  | ic's lien)                             |                        |                          |                             |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit   |  |                        |                          |                             |
| ☐ Check if this claim relates to a community debt | ☐ Other (including a right to offset)  |  |                        |                          |                             |
| community debt                                    |  |  |                        |                          |                             |
| Opened  |  |  |                        |                          |                             |
| 01/14 Last  |  |  |                        |                          |                             |
| Active Date debt was incurred 9/13/16             | Last 4 digits of account number  | 8004                                   |                        |                          |                             |
| <u> </u>  |  |  | <del></del>            |                          |                             |
| 2.2 Caliber Home Loans, Inc                       | Describe the property that secures the c   | laim·                                  | \$151,760.00           | \$185,000.00             | \$0.00                      |
| Creditor's Name                                   | 939 Ontario Drive Romeoville, IL   | —————————————————————————————————————— | ψ131,700.00            | Ψ100,000.00              | Ψ0.00                       |
|   | 60446 Will County  |  |                        |                          |                             |
| Attn: Cash Operations                             | •  |  |                        |                          |                             |
| Po Box 24330                                      | As of the date you file, the claim is: Check apply.  | k all that                             |                        |                          |                             |
| Oklahoma City, OK 73124                           | ☐ Contingent   |  |                        |                          |                             |
| Number, Street, City, State & Zip Code            | Unliquidated   |  |                        |                          |                             |
| Miles and debt 2.5                                | Disputed   |  |                        |                          |                             |
| Who owes the debt? Check one.                     | Nature of lien. Check all that apply.  |  |                        |                          |                             |
| Debtor 1 only                                     | An agreement you made (such as mortg car loan)   | gage or secure                         | ed                     |                          |                             |
| Debtor 2 only                                     | •  |  |                        |                          |                             |
| Debtor 1 and Debtor 2 only                        | Statutory lien (such as tax lien, mechani  | c's lien)                              |                        |                          |                             |
| At least one of the debtors and another           | ☐ Judgment lien from a lawsuit   |  |                        |                          |                             |

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| Debtor 1 Edyta Iskra  |   |                 | Case number (if know) |            |        |
|---|---|-----------------|-----------------------|------------|--------|
| First Name Middle N   | lame Last Name                                    |                 |                       |            |        |
| ☐ Check if this claim relates to a community debt                                 | Other (including a right to offset)               | Mortgage        |                       |            |        |
| Date debt was incurred  | Last 4 digits of account num                      | ber <u>8004</u> |                       |            |        |
| 2.3 Chase Auto Finance  | Describe the property that secures                | the claim:      | \$6,275.00            | \$7,000.00 | \$0.00 |
| Creditor's Name   | 2011 Mazda CX-9 110,000 m                         | iles            |                       |            |        |
| National Bankruptcy Dept<br>201 N Central Ave Ms<br>Az1-1191<br>Phoenix, AZ 85004 | As of the date you file, the claim is: apply.     | Check all that  |                       |            |        |
| Number, Street, City, State & Zip Code  | ☐ Unliquidated                                    |                 |                       |            |        |
| Who owes the debt? Check one.   | ☐ Disputed  Nature of lien. Check all that apply. |                 |                       |            |        |
| ■ Debtor 1 only □ Debtor 2 only   | ☐ An agreement you made (such as car loan)        | mortgage or s   | ecured                |            |        |
| ☐ Debtor 1 and Debtor 2 only  | ☐ Statutory lien (such as tax lien, me            | chanic's lien)  |                       |            |        |
| ☐ At least one of the debtors and another   | ☐ Judgment lien from a lawsuit                    |                 |                       |            |        |
| ☐ Check if this claim relates to a community debt                                 | Other (including a right to offset)               | Purchase        | Money Security        |            |        |
| Date debt was incurred  | Last 4 digits of account num                      | iber            |                       |            |        |
|   |   |                 |                       |            |        |
| Add the dollar value of your entries in C   |   |                 | \$309,795.00          | )          |        |
| If this is the last page of your form, add  | the dollar value totals from all pages            |                 | \$309,795.00          | )          |        |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|  |   | Document   | Page 20 of 57   |   |
|--|---|--|---|---|
| Fill in thi  | s information to identify your  | case:  |   |   |
| Debtor 1   | Edyta Iskra   |  |   |   |
|  | First Name  | Middle Name  | Last Name   |   |
| Debtor 2<br>(Spouse if, f                              | iling) First Name   | Middle Name  | Last Name   |   |
| United St  | ates Bankruptcy Court for the:  | NORTHERN DISTRICT OF IL  | LINOIS  |   |
| Case nur<br>(if known)                                 | nber  |  |   | Check if this is an amended filing  |
|  | Form 106E/F<br>ule E/F: Creditors W   | /ho Have Unsecured   | Claims  | 12/15   |
| any execut<br>Schedule (<br>Schedule I<br>left. Attach | ory contracts or unexpired leases<br>3: Executory Contracts and Unexp<br>5: Creditors Who Have Claims Sec | s that could result in a claim. Also I<br>bired Leases (Official Form 106G). I<br>cured by Property. If more space is  | Y claims and Part 2 for creditors with NONPRIORITY claist executory contracts on Schedule A/B: Property (Officon not include any creditors with partially secured claim needed, copy the Part you need, fill it out, number the eport in a Part, do not file that Part. On the top of any add | cial Form 106A/B) and on<br>is that are listed in<br>ntries in the boxes on the |
| Part 1:  | List All of Your PRIORITY U   |  |   |   |
| _  | y creditors have priority unsecure  | ed claims against you?   |   |   |
| ■ No   | . Go to Part 2.   |  |   |   |
| ☐ Ye   | -<br>-  |  |   |   |
| Part 2:  | List All of Your NONPRIORIT   |  |   |   |
| 3. Do an   | y creditors have nonpriority unse   | cured claims against you?  |   |   |
|  | . You have nothing to report in this p  | part. Submit this form to the court with   | your other schedules.   |   |
| ■ Ye   | S.  |  |   |   |
| unsec  | ured claim, list the creditor separated ne creditor holds a particular claim,                             | ly for each claim. For each claim listed   | ne creditor who holds each claim. If a creditor has more the distribution, it is is a creditor has more the distribution of claims already in the more than three nonpriority unsecured claims fill out the   | ncluded in Part 1. If more  |
|  |   |  |   | Total claim   |
| 4.1  | Alltran Financial LP  | Last 4 digits of acc   | ount number   | \$0.00  |
| F  | lonpriority Creditor's Name<br>PO Box 610   | When was the debt  | t incurred?   | _   |
| N  | Sauk Rapids, MN 56379<br>lumber Street City State Zlp Code  |  | file, the claim is: Check all that apply  |   |
|  | Vho incurred the debt? Check one  | _  |   |   |
|  | Debtor 1 only   | ☐ Contingent   |   |   |
|  | Debtor 2 only   | ☐ Unliquidated   |   |   |
|  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |   |   |
| [  | $\operatorname{\beth}$ At least one of the debtors and an   | otrici   | RITY unsecured claim:   |   |
|  | Check if this claim is for a com  | <u> </u>   |   |   |
|  | ebt<br>s the claim subject to offset?   | Obligations arising the proof of the proof o | ng out of a separation agreement or divorce that you did not<br>ims   |   |
|  | No  | ☐ Debts to pension   | or profit-sharing plans, and other similar debts  |   |
| [  | Yes   | Other. Specify   | Collection  | _   |

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| Debtor | 1 Edyta Iskra   | Case number (if know)   |            |
|--------|---|---|------------|
| 4.2    | American Coradius Intl. LLC Nonpriority Creditor's Name | Last 4 digits of account number   | \$0.00     |
|        | 35A Rust Lane   | When was the debt incurred?   |            |
|        | Boerne, TX 78006-8202                                   |   | _          |
|        | Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                       |   |            |
|        | Debtor 1 only   | ☐ Contingent  |            |
|        | Debtor 2 only   | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only                              | ☐ Disputed  |            |
|        | At least one of the debtors and another                 | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                | ☐ Student loans   |            |
|        | debt Is the claim subject to offset?                    | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No  | $\square$ Debts to pension or profit-sharing plans, and other similar debts                               |            |
|        | ☐ Yes   | Other. Specify Collection   | _          |
| 4.3    | Amex  | Last 4 digits of account number 6870  | \$1,978.00 |
|        | Nonpriority Creditor's Name                             |   |            |
|        | Correspondence  | When was the debt incurred? Opened 11/13  | _          |
|        | Po Box 981540<br>EIPaso, TX 79998                       |   |            |
|        | Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                       | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |            |
|        | ■ Debtor 1 only   | ☐ Contingent  |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|        | Debtor 1 and Debtor 2 only                              | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                | ☐ Student loans   |            |
|        | debt  | ☐ Obligations arising out of a separation agreement or divorce that you did not                           |            |
|        | Is the claim subject to offset?                         | report as priority claims   |            |
|        | ■ No  | ☐ Debts to pension or profit-sharing plans, and other similar debts                                       |            |
|        | Yes   | ■ Other. Specify Credit Card  | _          |
| 4.4    | Blitt & Gaines  | Last 4 digits of account number   | \$0.00     |
|        | Nonpriority Creditor's Name                             | When was the debt incurred?   |            |
|        | 661 W. Glenn Ave<br>Wheeling, IL 60090                  | When was the dept incurred:   | _          |
|        | Number Street City State Zlp Code                       | As of the date you file, the claim is: Check all that apply   |            |
|        | Who incurred the debt? Check one.                       |   |            |
|        | ■ Debtor 1 only   | ☐ Contingent  |            |
|        | ☐ Debtor 2 only   | ☐ Unliquidated  |            |
|        | ☐ Debtor 1 and Debtor 2 only                            | ☐ Disputed  |            |
|        | ☐ At least one of the debtors and another               | Type of NONPRIORITY unsecured claim:  |            |
|        | ☐ Check if this claim is for a community                | ☐ Student loans   |            |
|        | debt  | Obligations arising out of a separation agreement or divorce that you did not                             |            |
|        | Is the claim subject to offset?                         | report as priority claims   |            |
|        | ■ No  | Debts to pension or profit-sharing plans, and other similar debts   |            |
|        | Yes   | Other. Specify Notice   | _          |

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Case number (if know)

| al One rity Creditor's Name x 30285 ake City, UT 84130 Street City State Zlp Code curred the debt? Check one. | Last 4 digits of account number  When was the debt incurred?  As of the date you file, the claim i  | 0pened 10/08   | \$4,106.00  |
|---|---|--|---|
| x 30285 ake City, UT 84130 Street City State Zlp Code curred the debt? Check one.                             | _   |  |   |
| Street City State ZIp Code curred the debt? Check one. tor 1 only   | As of the date you file, the claim i  |  |   |
| curred the debt? Check one.   | As of the date you file, the claim i  | 01 1 11 11 1 1   |   |
| tor 1 only  |   | s: Check all that apply  |   |
| •   |   |  |   |
|   | ☐ Contingent  |  |   |
| tor 2 only  | ☐ Unliquidated  |  |   |
| tor 1 and Debtor 2 only   | ☐ Disputed  |  |   |
| ast one of the debtors and another  | Type of NONPRIORITY unsecured   | d claim:   |   |
| ck if this claim is for a community   | ☐ Student loans   |  |   |
| laim subject to offset?   |   | ration agreement or divorce that you did not   |   |
| •   | <u>-</u>  | g plans, and other similar debts   |   |
|   | Other. Specify Credit Card  |  |   |
| 10  | Land Parks of the second and the  | 5070   | <b>#050.00</b>  |
|   | Last 4 digits of account number   |  | \$650.00  |
| x 30285   | When was the debt incurred?   | Opened 03/09   |   |
| ake City, UT 84130  | _   |  |   |
|   | As of the date you file, the claim i  | s: Check all that apply  |   |
|   |   |  |   |
| tor 1 only  | ☐ Contingent  |  |   |
| tor 2 only  | ☐ Unliquidated  |  |   |
| tor 1 and Debtor 2 only   | ☐ Disputed  |  |   |
| ast one of the debtors and another  |   | d claim:   |   |
| ck if this claim is for a community   | ☐ Student loans   |  |   |
| laim subject to offset?   | Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not   |   |
|   | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts   |   |
|   | ■ Other. Specify Credit Card  |  |   |
| ens Place   | Last 4 digits of account number   | 3897   | \$831.00  |
| rity Creditor's Name  |   |  | Ψ001.00   |
| Citicorp Credit Services<br>x 20507   | When was the debt incurred?   | Opened 06/10   |   |
| s City, MO 64195  | _   |  |   |
| • •   | As of the date you file, the claim i  | s: Check all that apply  |   |
|   | _   |  |   |
| tor 1 only  | ☐ Contingent  |  |   |
| tor 2 only  | ☐ Unliquidated  |  |   |
| tor 1 and Debtor 2 only   | ☐ Disputed  |  |   |
| ast one of the debtors and another  | <u></u>   | d claim:   |   |
| ck if this claim is for a community   | Student loans   |  |   |
| laim subject to offset?   | ☐ Obligations arising out of a sepa report as priority claims   | ration agreement or divorce that you did not   |   |
|   | Debts to pension or profit-sharin   | g plans, and other similar debts   |   |
|   | ■ Other. Specify Charge Acc   | ount   |   |
|   | ast one of the debtors and another ck if this claim is for a community laim subject to offset?  Al One rity Creditor's Name x 30285 ake City, UT 84130 Street City State Zlp Code curred the debt? Check one. tor 1 only tor 2 only ast one of the debtors and another ck if this claim is for a community laim subject to offset?  Place rity Creditor's Name Citicorp Credit Services x 20507 as City, MO 64195 Street City State Zlp Code curred the debt? Check one. tor 1 only tor 2 only ast one of the debtors and another ck if this claim is for a community laim subject to offset? | tor 2 only tor 1 and Debtor 2 only ast one of the debtors and another ck if this claim is for a community laim subject to offset?  It One rity Creditor's Name x 30285 ake City, UT 84130 Street City State Zip Code curred the debtors and another ck if this claim is for a community laim subject to offset?  It One rity Creditor's Name x 30285 ake City, UT 84130 Street City State Zip Code curred the debt? Check one. It or 1 only tor 2 only laim subject to offset?  It offset  It offset I | Unliquidated   Disputed   Type of NONPRIORITY unsecured claim:   Student loans   Contingent   Contingent |

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Case number (if know)

| Debloi | Edyta Iskra  | Case number (if know)  |            |
|--------|--|--|------------|
| 4.8    | Client Services, Inc.                                    | Last 4 digits of account number  | \$0.00     |
|        | Nonpriority Creditor's Name<br>PO Box 1503               | When was the debt incurred?  |            |
|        | Saint Peters, MO 63376                                   |  |            |
|        | Number Street City State Zlp Code                        | As of the date you file, the claim is: Check all that apply  |            |
|        | Who incurred the debt? Check one.                        |  |            |
|        | ■ Debtor 1 only  | ☐ Contingent   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |            |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:   |            |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans  |            |
|        | debt Is the claim subject to offset?                     | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | No   | □ Debts to pension or profit-sharing plans, and other similar debts                                      |            |
|        | Yes  | ■ Other. Specify Collection  |            |
|        |  | — Other. Opeony  |            |
| 4.9    | Financial Recovery Services                              | Last 4 digits of account number  | \$0.00     |
|        | Nonpriority Creditor's Name P.O. Box 385908              | When was the debt incurred?  |            |
|        | Minneapolis, MN 55438  Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply  |            |
|        | Who incurred the debt? Check one.                        | As of the date you me, the claim is. Check all that apply  |            |
|        | ■ Debtor 1 only  | ☐ Contingent   |            |
|        | Debtor 2 only  | ☐ Unliquidated   |            |
|        | ☐ Debtor 1 and Debtor 2 only                             | □ Disputed   |            |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:   |            |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans  |            |
|        | debt Is the claim subject to offset?                     | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|        | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts                                      |            |
|        | ☐ Yes  | ■ Other. Specify Collection  |            |
|        |  |  |            |
| 4.1    | Fingerhut  | Last 4 digits of account number 2767   | \$1,209.00 |
|        | Nonpriority Creditor's Name                              | When we the debt in sure to Opened 02/00   |            |
|        | 6250 Ridgewood Rd<br>St Cloud, MN 56303                  | When was the debt incurred? Opened 02/09   |            |
|        | Number Street City State Zlp Code                        | As of the date you file, the claim is: Check all that apply  |            |
|        | Who incurred the debt? Check one.                        | •  |            |
|        | Debtor 1 only  | ☐ Contingent   |            |
|        | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|        | ☐ Debtor 1 and Debtor 2 only                             | ☐ Disputed   |            |
|        | ☐ At least one of the debtors and another                | Type of NONPRIORITY unsecured claim:   |            |
|        | ☐ Check if this claim is for a community                 | ☐ Student loans  |            |
|        | debt   | Obligations arising out of a separation agreement or divorce that you did not                            |            |
|        | Is the claim subject to offset?                          | report as priority claims  Debts to pension or profit-sharing plans, and other similar debts             |            |
|        | ■ No   |  |            |
|        | Yes  | ■ Other. Specify Charge Account  |            |

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| Debt     | ebtor 1 <u>Edyta Iskra</u>                                   |  | Case number (if know)                        |            |
|----------|--|--|--|------------|
| 4.1      | Global Credit & Collection Corp                              | Last 4 digits of account number                            |  | \$0.00     |
| 1        | Nonpriority Creditor's Name<br>5440 N Cumberland Ave Ste 300 | When was the debt incurred?                                |  | Ψ0.00      |
|          | Chicago, IL 60656  Number Street City State Zlp Code         | As of the date you file, the claim                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                            | ,  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                               | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                     | ☐ Student loans  |  |            |
|          | debt Is the claim subject to offset?                         | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing                       | g plans, and other similar debts             |            |
|          | Yes  | Other. Specify Collection                                  | _  |            |
| 4.1<br>2 | Kohls/Capital One  | Last 4 digits of account number                            | 2001   | \$588.00   |
|          | Nonpriority Creditor's Name Po Box 3120 Milwaukee, WI 53201  | When was the debt incurred?                                | Opened 11/10                                 |            |
|          | Number Street City State Zlp Code                            | As of the date you file, the claim                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                            |  |  |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |  |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed   |  |            |
|          | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecure                               | d claim:                                     |            |
|          | ☐ Check if this claim is for a community                     | Student loans  |  |            |
|          | debt Is the claim subject to offset?                         | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|          | Yes  | ■ Other. Specify Charge Acc                                | ount   |            |
| 4.1      |  |  |  |            |
| 3        | Midland Funding  Nonpriority Creditor's Name                 | Last 4 digits of account number                            | 6063   | \$3,236.00 |
|          | 2365 Northside Dr<br>Suite 300                               | When was the debt incurred?                                | Opened 03/15                                 |            |
|          | San Diego, CA 92108  Number Street City State Zlp Code       | As of the date you file, the claim                         | s: Check all that apply                      |            |
|          | Who incurred the debt? Check one.                            |  |  |            |
|          | Debtor 1 only  | ☐ Contingent   |  |            |
|          | Debtor 2 only  | ☐ Unliquidated   |  |            |
|          | Debtor 1 and Debtor 2 only                                   | ☐ Disputed   |  |            |
|          | At least one of the debtors and another                      | Type of NONPRIORITY unsecure                               | d claim:                                     |            |
|          | ☐ Check if this claim is for a community debt                | ☐ Student loans  |  |            |
|          | Is the claim subject to offset?                              | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not |            |
|          | ■ No   | Debts to pension or profit-sharing                         | g plans, and other similar debts             |            |
|          | □Yes   | Other Specific Factoring C                                 | ompany Account Synchrony Bank                |            |

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| Debt     | or 1 Edyta Iskra  |   | Case number (if know)                         |            |
|----------|---|---|---|------------|
| 4.1<br>4 | Portfolio Recovery  | Last 4 digits of account number   | 4037  | \$1,165.00 |
|          | Nonpriority Creditor's Name Po Box 41067  | When was the debt incurred?   | Opened 06/15                                  |            |
|          | Norfolk, VA 23541  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim i  | s: Check all that apply                       |            |
|          | Debtor 1 only   | ☐ Contingent  |   |            |
|          | Debtor 2 only   | ☐ Unliquidated  |   |            |
|          | Debtor 1 and Debtor 2 only  | □ Disputed  |   |            |
|          | ☐ At least one of the debtors and another   | Type of NONPRIORITY unsecured   | l claim:                                      |            |
|          | ☐ Check if this claim is for a community  | ☐ Student loans   |   |            |
|          | debt Is the claim subject to offset?  | Obligations arising out of a sepa report as priority claims                         | ration agreement or divorce that you did not  |            |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |
|          | Yes   | Other. Specify Citibank N A   | <u> </u>                                      |            |
| 4.1<br>5 | Portfolio Recovery  Nonpriority Creditor's Name   | Last 4 digits of account number   | 3341  | \$1,728.00 |
|          | Po Box 41067<br>Norfolk, VA 23541   | When was the debt incurred?   | Opened 12/15                                  |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                       |            |
|          | Who incurred the debt? Check one.   |   |   |            |
|          | Debtor 1 only   | ☐ Contingent  |   |            |
|          | Debtor 2 only   | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  |   |            |
|          | At least one of the debtors and another   | Type of NONPRIORITY unsecured   | I claim:                                      |            |
|          | ☐ Check if this claim is for a community debt   | ☐ Student loans   |   |            |
|          | Is the claim subject to offset?   | <ul> <li>Obligations arising out of a sepa<br/>report as priority claims</li> </ul> | ration agreement or divorce that you did not  |            |
|          | ■ No  | Debts to pension or profit-sharing  | g plans, and other similar debts              |            |
|          | Yes   | ■ Other. Specify Factoring Co   | ompany Account Synchrony Bank                 |            |
| 4.1      | Portfolio Recovery  | Last 4 digits of account number   | 6300  | \$1,970.00 |
| 6        | Nonpriority Creditor's Name   |   |   | 4.,0.0.0   |
|          | Po Box 41067<br>Norfolk, VA 23541   | When was the debt incurred?   | Opened 12/15                                  |            |
|          | Number Street City State Zlp Code   | As of the date you file, the claim i  | s: Check all that apply                       |            |
|          | Who incurred the debt? Check one.   | _   |   |            |
|          | ■ Debtor 1 only   | ☐ Contingent  |   |            |
|          | Debtor 2 only   | ☐ Unliquidated  |   |            |
|          | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed  Type of NONPRIORITY unsecured   | l claim:                                      |            |
|          | At least one of the debtors and another   | Student loans   | i Ciaiiii.                                    |            |
|          | ☐ Check if this claim is for a community debt   | _   | ration agreement or divorce that you did not  |            |
|          | Is the claim subject to offset?   | report as priority claims   | ration agreement or divolve that you did 110t |            |
|          | No  | ☐ Debts to pension or profit-sharin   | g plans, and other similar debts              |            |
|          | □Yes  | Other Specify Factoring Co  | ompany Account Synchrony Bank                 |            |

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| Jebto    | or 1 _Edyta Iskra  | Case number (if know)  |            |
|----------|--|--|------------|
| 4.1<br>7 | Portfolio Recovery   | Last 4 digits of account number 7828   | \$1,445.00 |
|          | Nonpriority Creditor's Name Po Box 41067 Norfolk, VA 23541           | When was the debt incurred? Opened 5/15  | =          |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |            |
|          | Who incurred the debt? Check one.                                    |  |            |
|          | Debtor 1 only  | ☐ Contingent   |            |
|          | ☐ Debtor 2 only  | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |            |
|          | debt<br>Is the claim subject to offset?                              | $\hfill \Box$<br>Obligations arising out of a separation agreement or divorce that you did not report as priority claims |            |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | ☐ Yes  | ■ Other. Specify Factoring Company Account Synchrony Bank  | -          |
| 4.1<br>3 | Portfolio Recovery  Nonpriority Creditor's Name                      | Last 4 digits of account number 9052   | \$1,945.00 |
|          | Po Box 41067<br>Norfolk, VA 23541                                    | When was the debt incurred? Opened 02/15   | -          |
|          | Number Street City State Zlp Code                                    | As of the date you file, the claim is: Check all that apply  |            |
|          | Who incurred the debt? Check one.                                    |  |            |
|          | Debtor 1 only  | ☐ Contingent   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |            |
|          | ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|          | $\square$ At least one of the debtors and another                    | Type of NONPRIORITY unsecured claim:   |            |
|          | Check if this claim is for a community                               | Student loans  |            |
|          | debt Is the claim subject to offset?                                 | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims                 |            |
|          | ■ No   | Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | Yes  | ■ Other. Specify Factoring Company Account Comenity Bank   | -          |
| 4.1      | Synchrony Bank/TJ MAxx   | Last 4 digits of account number 8526   | \$472.00   |
|          | Nonpriority Creditor's Name Po Box 965064                            | When was the debt incurred? Opened 07/10   |            |
|          | Orlando, FL 32896  |  | -          |
|          | Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply  |            |
|          | ■ Debtor 1 only  | ☐ Contingent   |            |
|          | Debtor 2 only  | ☐ Unliquidated   |            |
|          | Debtor 1 and Debtor 2 only   | ☐ Disputed   |            |
|          | ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured claim:   |            |
|          | ☐ Check if this claim is for a community                             | ☐ Student loans  |            |
|          | debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims                |            |
|          | ■ No   | ☐ Debts to pension or profit-sharing plans, and other similar debts  |            |
|          | Yes  | ■ Other, Specify Credit Card   |            |

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|  |  | Last 4 digits of account number  | 6071   |  | \$2,514.00   |
|--|--|--|--|--|--|
| C/O Fin  | rity Creditor's Name<br>nancial & Retail Services<br>op BT PO Box 9475<br>apolis, MN 55440   | When was the debt incurred?  | Open   | ed 07/10   | _  |
| Number   | Street City State Zlp Code   | As of the date you file, the claim   | is: Check  | all that apply   |  |
| _  |  | П  |  |  |  |
| ■ Debto  | •  | ☐ Contingent   |  |  |  |
| ☐ Debto  | •  | ☐ Unliquidated   |  |  |  |
|  | or 1 and Debtor 2 only   | ☐ Disputed   |  |  |  |
| _  | ast one of the debtors and another   | Type of NONPRIORITY unsecure  ☐ Student loans  | a ciaim:   |  |  |
| ☐ Chec   | ck if this claim is for a community  | _  |  |  |  |
|  | aim subject to offset?   | <ul> <li>Obligations arising out of a separate of a se</li></ul> | aration ag   | reement or divorce that you did not  |  |
| ■ No   | •  | ☐ Debts to pension or profit-shari   | ig plans, a  | and other similar debts  |  |
| ☐ Yes  |  | Other Specify Credit Card  |  |  | _  |
| United   | Recovery Systems, LP   | Last 4 digits of account number  |  |  | \$0.00   |
| Nonprior   | ity Creditor's Name  | _  |  |  | Ψ0.00  |
| -  | x 4043<br>rd, CA 94524   | When was the debt incurred?  |  |  | _  |
|  | Street City State Zlp Code   | As of the date you file, the claim   | is: Check  | all that apply   |  |
| Who inc  | curred the debt? Check one.  | •  |  | ,  |  |
| Debto  | or 1 only  | ☐ Contingent   |  |  |  |
| ☐ Debto  | or 2 only  | ☐ Unliquidated   |  |  |  |
| _  | or 1 and Debtor 2 only   | ☐ Disputed   |  |  |  |
| _  | ast one of the debtors and another   | Type of NONPRIORITY unsecure   | d claim:   |  |  |
|  | ck if this claim is for a community  | ☐ Student loans  |  |  |  |
|  | ok ii tiiis ciaiii is ioi a commanity  |  | rotion oa  | reement or divorce that you did not  |  |
|  |  | Obligations arising out of a separation  | ii alion ay  |  |  |
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| debt   | aim subject to offset?   |  | Ū  | •  |  |
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Page 28 of 57 Case number (if know) Debtor 1 Edyta Iskra

| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$  | 0.00      |
|-----|---|-----|-----|-----------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$_ | 23,837.00 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$_ | 23,837.00 |

|   |                          | DUGUILE           | III FAUE / 9 UL 3/ |  |
|---|--------------------------|-------------------|--------------------|--|
| Fill in this infor                      | rmation to identify your | case:             |                    |  |
| Debtor 1                                | Edyta Iskra              | Middle Name       | Last Name          |  |
| Debtor 2                                | i iist ivaine            | Wilde Name        | Lastivanie         |  |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name          |  |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS        |  |
| Case number                             |                          |                   |                    |  |
| (if known)                              |                          |                   |                    |  |

### Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company with | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 |           |              |                       |                   |   |
|     | Name      |              |                       |                   | <del>_</del>                            |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   |   |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.2 | •         |              |                       |                   |   |
|     | Name      |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.3 | /         |              |                       |                   |   |
| 2.0 | Name      |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     |           |              |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.4 | Oity      |              | Oldio                 | 211 0000          |   |
| 2.4 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
|     | Number    | Street       |                       |                   | _                                       |
|     | Number    | Olicot       |                       |                   |   |
|     | City      |              | State                 | ZIP Code          | _                                       |
| 2.5 | City      |              | State                 | ZIF Code          |   |
| 2.5 |           |              |                       |                   | _                                       |
|     | Name      |              |                       |                   |   |
|     |           |              |                       |                   |   |
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|     | MUITIDE   | Olleet       |                       |                   |   |
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|     | City      |              | State                 | ZIP Code          |   |

|                 |  | Docume                        | ent Page 30 d          | of 57   |                         |
|-----------------|--|-------------------------------|------------------------|---|-------------------------|
| Fill in this    | s information to identify your                           | case:                         |                        |   |                         |
| Dobtor 1        | Eduto Jolero   |                               |                        |   |                         |
| Debtor 1        | Edyta Iskra First Name                                   | Middle Name                   | Last Name              |   |                         |
| Debtor 2        |  |                               |                        |   |                         |
| (Spouse if, fil | ing) First Name  | Middle Name                   | Last Name              |   |                         |
| United Sta      | ates Bankruptcy Court for the:                           | NORTHERN DISTRICT             | OF ILLINOIS            |   |                         |
| Office Ote      | ales bankruptey Court for the.                           | - HORTHEIM BIOTHIOT           | OI ILLINOIS            |   |                         |
| Case num        | nber   |                               |                        |   |                         |
| (if known)      |  |                               |                        |   | Check if this is an     |
|                 |  |                               |                        | ;   | amended filing          |
| Ott: ~: ~       | L Cower 40011  |                               |                        |   |                         |
|                 | I Form 106H  |                               |                        |   |                         |
| Sched           | dule H: Your Cod   | ebtors                        |                        |   | 12/15                   |
|                 |  |                               |                        |   |                         |
|                 | e and case number (if known) you have any codebtors? (If |                               |                        | as a codebtor.  |                         |
| ■ No            |  |                               |                        |   |                         |
| ☐ Ye            |  |                               |                        |   |                         |
|                 | o .  |                               |                        |   |                         |
|                 |  |                               |                        | y? (Community property states and   | l territories include   |
| Arizor          | na, California, Idaho, Louisiana                         | , Nevada, New Mexico, Pu      | erto Rico, Texas, Wash | ington, and Wisconsin.)   |                         |
| ■ No            | . Go to line 3.  |                               |                        |   |                         |
|                 | s. Did your spouse, former spo                           | use or legal equivalent live  | with you at the time?  |   |                         |
|                 | s. Dia your spouse, former spo                           | use, or legal equivalent live | with you at the time:  |   |                         |
| in line<br>Form | e 2 again as a codebtor only                             | f that person is a guaran     | tor or cosigner. Make  | if your spouse is filing with you.<br>sure you have listed the creditor (<br>16G). Use Schedule D, Schedule E | on Schedule D (Official |
|                 | Column 1: Your codebtor                                  |                               |                        | Column 2: The creditor to wh  |                         |
|                 | Name, Number, Street, City, State and Z                  | IP Code                       |                        | Check all schedules that apply  | / <u>.</u>              |
| 3.1             |  |                               |                        | ☐ Schedule D, line  |                         |
| 3.1             | Name   |                               |                        | Schedule E/F, line  |                         |
|                 |  |                               |                        | ☐ Schedule G, line  |                         |
|                 |  |                               |                        |   | _                       |
|                 | Number Street<br>City                                    | State                         | ZIP Code               |   |                         |
|                 | Oity   | State                         | ZIF Code               |   |                         |
|                 |  |                               |                        |   |                         |
| 3.2             |  |                               |                        | ☐ Schedule D, line  |                         |
|                 | Name   |                               |                        | ☐ Schedule E/F, line  |                         |
|                 |  |                               |                        | ☐ Schedule G, line  |                         |
|                 | Number Street  |                               |                        | _   |                         |
|                 | City   | State                         | ZIP Code               |   |                         |

# Case 16-36009 Doc 1 Filed 11/11/16 Entered 11/11/16 12:37:26 Desc Main Document Page 31 of 57

| Fill               | in this information to identify your ca  | ase:                          |   |                             |                              |                                    |   |             |
|--------------------|--|-------------------------------|---|-----------------------------|------------------------------|------------------------------------|---|-------------|
| Del                | otor 1 Edyta Iskra   |                               |   |                             |                              |                                    |   |             |
|                    | otor 2<br>ouse, if filing)   |                               |   |                             |                              |                                    |   |             |
| Uni                | ted States Bankruptcy Court for the  | : NORTHERN DISTRIC            | CT OF ILLINOIS                                  |                             |                              |                                    |   |             |
| (If kr             | se number  |                               |   |                             | ☐ A su                       | amended filing<br>applement show   | ving postpetition ch<br>e following date: | apter       |
| <u>O</u>           | fficial Form 106l  |                               |   |                             | MM                           | / DD/ YYYY                         |   |             |
| S                  | chedule I: Your Inc  | ome                           |   |                             |                              |                                    |   | 12/15       |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  Describe Employment | are married and not filing wi | ng jointly, and your s<br>th you, do not includ | spouse is li<br>de informat | ving with yo<br>ion about yo | ou, include info<br>our spouse. If | ormation about yo<br>more space is nee    | ur<br>eded, |
| 1.                 | Fill in your employment information.   |                               | Debtor 1  |                             | D                            | Debtor 2 or non-filling spouse     |   |             |
|                    | If you have more than one job,   | Employment status             | ■ Employed                                      |                             |                              | Employed                           |   |             |
|                    | attach a separate page with information about additional   | Employment status             | ☐ Not employed                                  |                             |                              | ☐ Not employed                     |   |             |
|                    | employers.   | Occupation                    | Housekeeper-par                                 | rt-time                     |                              |                                    |   |             |
|                    | Include part-time, seasonal, or self-employed work.  | Employer's name               | Self-Employed                                   |                             |                              |                                    |   |             |
|                    | Occupation may include student or homemaker, if it applies.  | Employer's address            | Romeoville, IL 60                               | Romeoville, IL 60446        |                              |                                    |   |             |
|                    |  | How long employed to          | here? 3 yars                                    |                             |                              |                                    |   | _           |
| Par                | t 2: Give Details About Mor  | nthly Income                  |   |                             |                              |                                    |   |             |
|                    | mate monthly income as of the duse unless you are separated.   | ate you file this form. If    | you have nothing to re                          | eport for any               | line, write \$0              | ) in the space.                    | Include your non-fi                       | ling        |
|                    | u or your non-filing spouse have mo<br>e space, attach a separate sheet to   |                               | ombine the information                          | n for all emp               | loyers for tha               | it person on the                   | e lines below. If you                     | ı need      |
|                    |  |                               |   |                             | For Debto                    |                                    | Debtor 2 or filing spouse                 |             |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,   |                               |   | 2. \$                       |                              | 0.00 \$                            | 0.00                                      |             |
| 3.                 | Estimate and list monthly overt  | ime pay.                      |   | 3. +\$                      |                              | 0.00 +\$                           | 0.00                                      |             |

0.00

0.00

Calculate gross Income. Add line 2 + line 3.

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| Debt     | or 1   | Edyta Iskra   |            | С   | Case number (if known)    |            |                               |  |  |
|----------|--|---|------------|-----|---------------------------|------------|-------------------------------|--|--|
|          |  |   |            |     |                           |            |                               |  |  |
|          |  |   |            |     | For Debtor 1              |            | Debtor 2 or<br>-filing spouse |  |  |
|          | Cop  | y line 4 here   | 4.         | _   | \$ 0.00                   | \$         | 0.00                          | )  |  |
| 5.       | List   | all payroll deductions:   |            |     |                           |            |                               |  |  |
|          | 5a.  | Tax, Medicare, and Social Security deductions   | 5a.        |     | \$ 0.00                   | \$         | 0.00                          | )  |  |
|          | 5b.  | Mandatory contributions for retirement plans  | 5b.        |     | \$ 0.00                   | \$         | 0.00                          | )  |  |
|          | 5c.  | Voluntary contributions for retirement plans  | 5c.        |     | \$ 0.00                   | \$         | 0.00                          | )  |  |
|          | 5d.  | Required repayments of retirement fund loans  | 5d.        |     | \$0.00                    | \$         | 0.00                          |  |  |
|          | 5e.  | Insurance   | 5e.        |     | \$ 0.00                   | \$         | 0.00                          |  |  |
|          | 5f.  | Domestic support obligations  | 5f.        |     | \$ 0.00                   | \$         | 0.00                          |  |  |
|          | 5g.<br>5h.   | Union dues Other deductions Specific  | 5g.        |     | \$ <u>0.00</u><br>\$ 0.00 | —          | 0.00                          | _  |  |
|          | -  | Other deductions. Specify:  | _ 5h.      |     |                           |            | 0.00                          | _  |  |
| 6.<br>7. |  | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  culate total monthly take-home pay. Subtract line 6 from line 4.  | 6.<br>7.   |     | \$ <u>0.00</u><br>\$ 0.00 | \$<br>\$   | 0.00                          | _  |  |
|          |  | •   | 7.         | ,   | \$0.00                    | Ψ          | 0.00                          | <u>)                                    </u> |  |
| 8.       | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |            |     |                           |            |                               |  |  |
|          |  | monthly net income.   | 8a.        |     | \$ 1,200.00               | \$         | 2,800.00                      | )  |  |
|          | 8b.  | Interest and dividends  | 8b.        |     | \$ 0.00                   | \$         | 0.00                          | _  |  |
|          | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |            |     |                           |            |                               | _  |  |
|          |  | settlement, and property settlement.  | 8c.        |     | \$0.00                    | \$         | 0.00                          | _  |  |
|          | 8d.  | Unemployment compensation   | 8d.        |     | \$ 0.00                   | \$         | 0.00                          |  |  |
|          | 8e.<br>8f.   | Social Security Other government assistance that you regularly receive  | 8e.        |     | \$0.00                    | \$         | 0.00                          | <u>)</u>                                     |  |
|          | OI.  | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  |            |     | Φ                         | •          |                               |  |  |
|          | 0~   | Specify:  | _ 8f.      |     | \$ 0.00                   | \$<br>\$   | 0.00                          | _  |  |
|          | 8g.<br>8h.   | Pension or retirement income Other monthly income. Specify:   | 8g.<br>8h. |     | \$ 0.00<br>\$ 0.00        | · · —      | 0.00                          |  |  |
|          | OII.   | Other monthly income. Specify.  | _ 011.     |     | Φ 0.00                    | ΤΨ <u></u> | 0.00                          | <u>)                                    </u> |  |
| 9.       | Add  | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.         | \$  | 1,200.00                  | \$         | 2,800.0                       | 00   |  |
| 10.      | Cal  | culate monthly income. Add line 7 + line 9.   | 10.        | \$  | 1,200.00 + \$             | 2.8        | 800.00 = \$                   | 4,000.00                                     |  |
|          |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |            | · — |                           | ,_         | -                             | .,000.00                                     |  |
| 11.      | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |   |            |     |                           |            |                               |  |  |
| 12.      |  | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies   |            |     |                           |            | 12. \$                        | 4,000.00                                     |  |
|          |  |   |            |     |                           |            | Combi<br>month                | ined<br>Ily income                           |  |
| 13.      | Do   | you expect an increase or decrease within the year after you file this form   | ?          |     |                           |            |                               | •  |  |
|          |  | No.   |            |     |                           |            |                               |  |  |
|          | П  | Yes Explain:  |            |     |                           |            |                               |  |  |

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|            | in this informe                 | tion to identify                    | ur ooss                 |   |                       | Ī           |                             |           |                               |      |
|------------|---------------------------------|-------------------------------------|-------------------------|---|-----------------------|-------------|-----------------------------|-----------|-------------------------------|------|
|            |                                 | tion to identify yo                 | ur case:                |   |                       |             |                             |           |                               |      |
| Deb        | otor 1                          | Edyta Iskra                         |                         |   |                       | _           | eck if this is:<br>An amend |           |                               |      |
| Deb        | otor 2                          |                                     |                         |   |                       |             |                             | Ū         | ving postpetition chap        | ter  |
| (Spo       | ouse, if filing)                |                                     |                         |   |                       | _           | 13 expens                   | ses as of | the following date:           |      |
| Unit       | ted States Bankr                | ruptcy Court for the:               | NORTH                   | ERN DISTRICT OF ILLIN                                       | OIS                   |             | MM / DD /                   | YYYY      |                               |      |
| 1          | se number                       |                                     |                         |   |                       |             |                             |           |                               |      |
| <br>Oʻ     | fficial Fo                      | rm 106J                             |                         |   |                       |             |                             |           |                               |      |
|            |                                 | J: Your E                           | <br>Evnor               | 1606  |                       |             |                             |           |                               | 40/4 |
| Be<br>info | as complete a                   | and accurate as                     | possible.<br>eded, atta | If two married people ar<br>ch another sheet to this        |                       |             |                             |           | r supplying correct           |      |
| Par        | t 1: Descr                      | ibe Your House                      | hold                    |   |                       |             |                             |           |                               |      |
| 1.         | Is this a joir                  |                                     |                         |   |                       |             |                             |           |                               |      |
|            | ■ No. Go to                     | o line 2.<br>s Debtor 2 live i      | n a senar               | ate household?  |                       |             |                             |           |                               |      |
|            | □ N                             |                                     | n a copan               |   |                       |             |                             |           |                               |      |
|            |                                 |                                     | t file Offici           | al Form 106J-2, <i>Expenses</i>                             | for Separate House    | ehold of De | ebtor 2.                    |           |                               |      |
| 2.         | Do you have                     | e dependents?                       | □ No                    |   |                       |             |                             |           |                               |      |
|            | Do not list Do Debtor 2.        | ebtor 1 and                         | ■ Yes.                  | Fill out this information for each dependent                | Dependent's relati    |             | Depen-<br>age               | dent's    | Does dependent live with you? |      |
|            | Do not state dependents         |                                     |                         |   | Child                 |             | 1                           |           | □ No<br>■ Yes                 |      |
|            |                                 |                                     |                         |   |                       |             | _                           |           | □ No                          |      |
|            |                                 |                                     |                         |   | Child                 |             |                             |           | ■ Yes                         |      |
|            |                                 |                                     |                         |   |                       |             |                             |           | □ No<br>□ Yes                 |      |
|            |                                 |                                     |                         |   |                       |             |                             |           | □ No                          |      |
| _          | _                               |                                     |                         |   |                       |             |                             |           | ☐ Yes                         |      |
| 3.         |                                 | oenses include<br>f people other th | าวท                     | No  |                       |             |                             |           |                               |      |
|            |                                 | d your depender                     |                         | Yes   |                       |             |                             |           |                               |      |
| Par        | t 2: Estim                      | ate Your Ongoir                     | ng Monthi               | y Expenses  |                       |             |                             |           |                               |      |
| Est        | imate your ex                   | penses as of yo                     | our bankrı              | uptcy filing date unless y<br>y is filed. If this is a supp |                       |             |                             |           |                               |      |
|            |                                 |                                     |                         | government assistance i                                     |                       |             |                             |           |                               |      |
|            | value of such<br>ficial Form 10 |                                     | d have inc              | cluded it on Schedule I: \                                  | our Income            |             | Y                           | our expe  | enses                         |      |
| 4.         |                                 | or home ownershind any rent for the |                         | ses for your residence. I                                   | nclude first mortgage | e<br>4.     | \$                          |           | 1,500.00                      |      |
|            | If not includ                   | led in line 4:                      |                         |   |                       |             |                             |           |                               |      |
|            | 4a. Real e                      | estate taxes                        |                         |   |                       | 4a.         | \$                          |           | 0.00                          |      |
|            | •                               | rty, homeowner's                    |                         |   |                       | 4b.         |                             |           | 0.00                          |      |
|            |                                 | maintenance, rep                    |                         |   |                       | 4c.         | ·                           |           | 150.00                        |      |
| 5.         |                                 | owner's associati<br>nortgage payme |                         | dominium dues<br>our residence, such as ho                  | me equity loans       | 4d.<br>5.   |                             |           | 0.00                          |      |

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| ebtor 1 <u>Ed</u>                       | yta Iskra   | Case num     | ber (if known) |                            |
|---|---|--------------|----------------|----------------------------|
| . Utilities:                            |   |              |                |                            |
|   | ectricity, heat, natural gas  | 6a.          | \$             | 300.00                     |
|   | , · · · · · · · · · · · · · · · · · · ·   | 6b.          | · -            | 0.00                       |
|   | tter, sewer, garbage collection   |              | ·              |                            |
|   | ephone, cell phone, Internet, satellite, and cable services                               | 6c.          | ·              | 200.00                     |
|   | ner. Specify:   | 6d.          | *              | 0.00                       |
|   | d housekeeping supplies   | 7.           | •              | 625.00                     |
| Childcar                                | e and children's education costs  | 8.           | \$             | 50.00                      |
| Clothing                                | , laundry, and dry cleaning   | 9.           | \$             | 150.00                     |
| ). Personal                             | care products and services  | 10.          | \$             | 50.00                      |
| . Medical a                             | and dental expenses   | 11.          | \$             | 50.00                      |
| . Transpoi                              | rtation. Include gas, maintenance, bus or train fare.                                     |              |                |                            |
|   | clude car payments.   | 12.          | \$             | 300.00                     |
| 3. Entertain                            | ment, clubs, recreation, newspapers, magazines, and books                                 | 13.          | \$             | 0.00                       |
|   | le contributions and religious donations  | 14.          | \$             | 0.00                       |
| . Insuranc                              | <u> </u>  |              | ·              |                            |
|   | clude insurance deducted from your pay or included in lines 4 or 20.                      |              |                |                            |
|   | e insurance   | 15a.         | \$             | 0.00                       |
|   | alth insurance  | 15b.         | ·              | 0.00                       |
|   | hicle insurance   | 15c.         | ·              | 100.00                     |
|   | ner insurance. Specify:   | 15d.         | ·              | 0.00                       |
|   |   | 130.         | Ψ              | 0.00                       |
| Specify:                                | o not include taxes deducted from your pay or included in lines 4 or 20.                  | 16.          | \$             | 0.00                       |
|   | ent or lease payments:  |              | Ψ              | 0.00                       |
|   |   | 170          | ¢.             | 101.00                     |
|   | r payments for Vehicle 1  | 17a.         | · -            | 491.00                     |
|   | r payments for Vehicle 2  | 17b.         | ·              | 0.00                       |
|   | ner. Specify:   | 17c.         | ·              | 0.00                       |
|   | ner. Specify:   | 17d.         | \$             | 0.00                       |
|   | ments of alimony, maintenance, and support that you did not report as                     |              | •              | 0.00                       |
| deducted                                | from your pay on line 5, Schedule I, Your Income (Official Form 106I).                    | 18.          | \$             |                            |
| Other pa                                | yments you make to support others who do not live with you.                               |              | \$             | 0.00                       |
| Specify:                                |   | 19.          |                |                            |
|   | al property expenses not included in lines 4 or 5 of this form or on Scho                 |              |                |                            |
| 20a. Mo                                 | rtgages on other property   | 20a.         | \$             | 0.00                       |
| 20b. Re                                 | al estate taxes   | 20b.         | \$             | 0.00                       |
| 20c. Pro                                | pperty, homeowner's, or renter's insurance  | 20c.         | \$             | 0.00                       |
| 20d. Ma                                 | intenance, repair, and upkeep expenses  | 20d.         | \$             | 0.00                       |
|   | meowner's association or condominium dues   | 20e.         | \$             | 0.00                       |
| . Other: Sp                             | ooifu:  | 21.          |                | 0.00                       |
| . • • • • • • • • • • • • • • • • • • • | Decliy  |              | · Ψ            | 0.00                       |
| 2. Calculate                            | e your monthly expenses   |              |                |                            |
| 22a. Add                                | lines 4 through 21.   |              | \$             | 3,966.00                   |
| 22b. Cop                                | y line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2              |              | \$             | ,                          |
| •                                       | line 22a and 22b. The result is your monthly expenses.                                    |              | \$             | 3,966.00                   |
| ZZU. MUU                                | ino 22a ana 22b. The result is your monthly expenses.                                     |              | Ψ              | 3,900.00                   |
| 3. Calculate                            | e your monthly net income.  |              |                |                            |
|   | py line 12 (your combined monthly income) from Schedule I.                                | 23a.         | \$             | 4,000.00                   |
|   | py your monthly expenses from line 22c above.   | 23b.         | *              | 3,966.00                   |
| 30                                      | 100   |              |                | <u> </u>                   |
| 23c. Sul                                | btract your monthly expenses from your monthly income.                                    |              |                |                            |
|   | e result is your <i>monthly net income</i> .  | 23c.         | \$             | 34.00                      |
|   | 5.000.C.0 Juli Monthly Not moonles  |              |                |                            |
| 4. Do vou e                             | xpect an increase or decrease in your expenses within the year after yo                   | ou file this | form?          |                            |
| For examp                               | le, do you expect to finish paying for your car loan within the year or do you expect you |              |                | e or decrease because of a |
| modificatio                             | n to the terms of your mortgage?  |              |                |                            |
| ■ No.                                   |   |              |                |                            |
| ☐ Yes.                                  | Explain here:   |              |                |                            |

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|                                  | mation to identify your                            | case:                    |                             |  |                                     |
|----------------------------------|--|--------------------------|-----------------------------|--|-------------------------------------|
| Debtor 1                         | Edyta Iskra First Name                             | Middle Name              | Last Name                   |  |                                     |
| Debtor 2                         |  |                          |                             |  |                                     |
| (Spouse if, filing)              | First Name   | Middle Name              | Last Name                   |  |                                     |
| United States Ba                 | ankruptcy Court for the:                           | NORTHERN DISTRICT        | OF ILLINOIS                 |  |                                     |
| Case number                      |  |                          |                             |  |                                     |
| (if known)                       |  |                          |                             |  | neck if this is an<br>nended filing |
| Official Forr<br><b>Declarat</b> |  | ın Individual            | Debtor's Sc                 | hedules  | 12/15                               |
|                                  | 8 U.S.C. §§ 152, 1341, 1                           | 319, and 3371.           |                             |  |                                     |
|                                  |  | one who is NOT an atto   | rney to help you fill out b | ankruptcy forms?                                     |                                     |
| ■ No                             |  |                          |                             |  |                                     |
| ☐ Yes. I                         | Name of person                                     |                          |                             | Attach Bankruptcy Petitio  Declaration, and Signatur |                                     |
|                                  | alty of perjury, I declare<br>re true and correct. | that I have read the sum | nmary and schedules filed   | d with this declaration and                          |                                     |
| X /s/ Edy                        | rta Iskra  |                          | X                           |  |                                     |
| Edyta I                          |  |                          | Signature of I              | Debtor 2   |                                     |
| Date                             | October 31, 2016                                   |                          | Date                        |  |                                     |

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| Fill        | in this inform                             | nation to identify you                        | r case:                                    |  |  |   |
|-------------|--|---|--|--|--|---|
|             | tor 1                                      | Edyta Iskra                                   |  |  |  |   |
| 200         |  | First Name                                    | Middle Name                                | Last Name  |  |   |
|             | tor 2<br>use if, filing)                   | First Name                                    | Middle Name                                | Last Name  |  |   |
| Unit        | ed States Bar                              | nkruptcy Court for the:                       | NORTHERN DISTRICT                          | OF ILLINOIS  |  |   |
|             |  |   |  |  |  |   |
| (if kno     | e number<br><sub></sub><br><sub>pwn)</sub> |   |  |  | -  | heck if this is an<br>mended filing                   |
| Sta<br>Be a | s complete a                               | of Financial                                  | ble. If two married people                 |  | equally responsible for sup                                  |   |
|             |  | ore space is needed,<br>n). Answer every que: |  | this form. On the top of any   | y additional pages, write you                                | ir name and case                                      |
| Part        |  |   | arital Status and Where You                | u Lived Before   |  |   |
| 1.          | What is your                               | current marital statu                         | is?  |  |  |   |
|             | ■ Married □ Not mar                        | ried  |  |  |  |   |
| 2.          | During the la                              | ast 3 years, have you                         | lived anywhere other than                  | where you live now?  |  |   |
|             | ■ No<br>□ Yes. Lis                         | t all of the places you I                     | ived in the last 3 years. Do n             | ot include where you live now  | <i>1</i> .   |   |
|             | Debtor 1 Pr                                | ior Address:                                  | Dates Debtor 1 lived there                 | Debtor 2 Prior Ac  | ldress:  | Dates Debtor 2<br>lived there                         |
|             |  |   |  |  | ity property state or territory ico, Texas, Washington and W |   |
|             | ■ No<br>□ Yes. Ma                          | ke sure you fill out <i>Scl</i>               | nedule H: Your Codebtors (C                | fficial Form 106H).  |  |   |
| Part        | 2 Explai                                   | n the Sources of You                          | r Income                                   |  |  |   |
|             | Fill in the tota                           | I amount of income yo                         | u received from all jobs and               | ng a business during this yeall businesses, including partive together, list it only once ur |  | ndar years?   |
|             | □ No                                       |   |  |  |  |   |
|             | Yes. Fill                                  | in the details.                               |  |  |  |   |
|             |  |   | Debtor 1                                   |  | Debtor 2   |   |
|             |  |   | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.                   | Gross income<br>(before deductions<br>and exclusions) |
|             |  | of current year until<br>d for bankruptcy:    | ☐ Wages, commissions, bonuses, tips        | \$11,000.00  | ☐ Wages, commissions, bonuses, tips                          | \$25,500.00   |
|             |  |   | Operating a business                       |  | Operating a business   |   |

Official Form 107

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Case number (if known) Document

Debtor 1 Edyta Iskra

|     |   |        |  |   | Debtor 1  |  |  |                                    | Debtor 2   |   |   |
|-----|---|--------|--|---|---|--|--|------------------------------------|--|---|---|
|     |   |        | Sources of income<br>Check all that apply. | (b  | ross income<br>efore deductions an<br>cclusions)  | nd   | Sources of income<br>Check all that apply.   |                                    | Gross income<br>(before deductions<br>and exclusions)                        |   |   |
|     | (January 1 to December 31, 2015) bonuse   |        |  | ☐ Wages, commiss bonuses, tips  | ions,   | \$8,097.0  | 00   | ☐ Wages, comr<br>bonuses, tips     | nissions,  | \$31,738.00                               |   |
|     |   |        |  | Operating a busing  | ness  |  |  | Operating a b                      | ousiness   |   |   |
|     |   |        | lar year bef<br>December 3                 |   | ☐ Wages, commiss bonuses, tips  | ions,  | \$0.0  |                                    | ☐ Wages, comr<br>bonuses, tips   | nissions,                                 | \$33,817.00   |
|     |   |        |  |   | ☐ Operating a busing  | ness   |  |                                    | Operating a b  | ousiness                                  |   |
|     | Include income regardless of whether that income is taxable. Examples of <i>other income</i> are alimony; child support; Social Security, unemployment and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.  List each source and the gross income from each source separately. Do not include income that you listed in line 4.  No  Yes. Fill in the details. |        |  |   |   |  |  |                                    |  |   |   |
|     |   |        |  |   | Debtor 1  |  |  |                                    | Debtor 2   |   |   |
|     |   |        |  |   | Sources of income Describe below.   | ea<br>(b   | ross income from<br>ach source<br>efore deductions an<br>(clusions)  | nd                                 | Sources of inco<br>Describe below.   | ome                                       | Gross income<br>(before deductions<br>and exclusions) |
| Par | t 3:  | List   | Certain Pa                                 | yments You  | Made Before You Fil   | ed for Bank  | ruptcy   |                                    |  |   |   |
| 6.  | _   | No.    | Neither Deindividual puring the No. Yes    | ebtor 1 nor D<br>orimarily for a<br>90 days befo<br>Go to line 7<br>List below e<br>paid that cre<br>not include<br>to adjustment<br>or Debtor 2 o<br>90 days befo<br>Go to line 7<br>List below e<br>include pay | ach creditor to whom editor. Do not include payments to an attorn on 4/01/19 and every r both have primarily re you filed for bankru ach creditor to whom ments for domestic su | y consumer busehold pure ptcy, did you you paid a to payments for ey for this bar 3 years after consumer ptcy, did you you paid a to pport obligat | debts. Consumer of rpose."  I pay any creditor a solution of \$6,425* or more domestic support of ankruptcy case. For that for cases filed debts.  It pay any creditor a solution of \$600 or more | total of total of total of and the | f \$6,425* or more payr fons, such as chi after the date of f \$600 or more? | e? ments and th ld support ar adjustment. | e total amount you ad alimony. Also, do               |
|     |   |        |  | attorney for  | this bankruptcy case.   |  |  |                                    |  |   |   |
|     | Cre   | ditor' | s Name and                                 | l Address   | Dates of  | payment  | Total amount paid  |                                    | Amount you still owe   | Was this pa                               | ayment for  |

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Page 38 of 57 Document ase number (if known) Debtor 1 Edyta Iskra Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. **Insider's Name and Address** Total amount Amount you Reason for this payment Dates of payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe Include creditor's name paid Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. ☐ Yes. Fill in the information below **Creditor Name and Address Describe the Property** Date Value of the property **Explain what happened** 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Nο Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

Person to Whom You Gave the Gift and

Yes. Fill in the details for each gift. Gifts with a total value of more than \$600

Describe the gifts

Dates you gave the gifts

Value

Address:

Official Form 107

per person

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| 14. | Within 2 years before you filed for bank ■ No  | ruptcy,   | did you give any gifts or contribution   | s with a total | value of more than                            | \$600 to any charity?     |  |  |
|-----|--|---|--|----------------|---|---------------------------|--|--|
|     | ☐ Yes. Fill in the details for each gift or  | contribu  | ution.   |                |   |                           |  |  |
|     | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co.         |   | Describe what you contributed  |                | Dates you contributed                         | Value                     |  |  |
| Pai | rt 6: List Certain Losses  |   |  |                |   |                           |  |  |
| 15. | Within 1 year before you filed for bankr or gambling?  | uptcy o   | r since you filed for bankruptcy, did y  | ou lose anyth  | ning because of thef                          | t, fire, other disaster   |  |  |
|     | No   |   |  |                |   |                           |  |  |
|     | ☐ Yes. Fill in the details.  |   |  |                |   |                           |  |  |
|     | Describe the property you lost and how the loss occurred   | Includ  | ribe any insurance coverage for the lo<br>de the amount that insurance has paid. Li<br>ance claims on line 33 of Schedule A/B: I | ist pending    | Date of your loss                             | Value of property<br>lost |  |  |
| Pai | rt 7: List Certain Payments or Transfe   | rs  |  |                |   |                           |  |  |
| 16. | Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition        | prepar  | ing a bankruptcy petition?   |                |   | ty to anyone you          |  |  |
|     | □ No   |   |  |                |   |                           |  |  |
|     | Yes. Fill in the details.  |   |  |                |   |                           |  |  |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not                                | You   | Description and value of any property transferred  |                | Date payment<br>or transfer was<br>made       | Amount of payment         |  |  |
|     | Worwag & Malysz, P.C. The Peoples Advocates 2500 E. Devon Ave #300 Des Plaines, IL 60018 mjworwag@gmail.com                      | Tou   | Attorney Fees \$1,200  |                | 2916  | \$600.00                  |  |  |
| 17. | Within 1 year before you filed for bankr promised to help you deal with your cree Do not include any payment or transfer that No | editors   | or to make payments to your creditors  |                | r transfer any propei                         | rty to anyone who         |  |  |
|     | Yes. Fill in the details.  |   |  |                |   |                           |  |  |
|     | Person Who Was Paid<br>Address   |   | Description and value of any proper transferred  | erty           | Date payment or transfer was made             | Amount of payment         |  |  |
| 18. | transferred in the ordinary course of you include both outright transfers and transfer   | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. |  |                |   |                           |  |  |
|     | No   |   |  |                |   |                           |  |  |
|     | Yes. Fill in the details.  |   |  | _              |   |                           |  |  |
|     | Person Who Received Transfer Address   |   | Description and value of property transferred  |                | ny property or<br>received or debts<br>change | Date transfer was made    |  |  |
|     | Person's relationship to you   |   |  |                |   |                           |  |  |

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Debtor 1 Edyta Iskra

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) |                              |  |                            |                         |  |            |  |
|-----|---|------------------------------|--|----------------------------|-------------------------|--|------------|--|
|     | ■ No □ Yes. Fill in the details.  |                              |  |                            |                         |  |            |  |
|     | Name of trust   |                              | Description and  | value of the pro           | perty trans             | sferred  |            | te Transfer was<br>ide                       |
| Pa  | rt 8: List of Certain Financial   | Accounts, Instr              | uments, Safe Depos   | it Boxes, and St           | torage Unit             | s  |            |  |
| 20. | sold, moved, or transferred?<br>Include checking, savings, mo<br>houses, pension funds, cooper  | ney market, or o             | other financial accou  | ınts; certificates         | s of deposi             |  | •          |  |
|     | ■ No  |                              |  |                            |                         |  |            |  |
|     | Yes. Fill in the details.   |                              |  |                            |                         |  |            |  |
|     | Name of Financial Institution a<br>Address (Number, Street, City, State<br>Code)  |                              | ast 4 digits of<br>ccount number                                     | Type of acco<br>instrument | unt or                  | Date account was closed, sold, moved, or transferred | b          | Last balance<br>efore closing or<br>transfer |
| 21. | Do you now have, or did you he cash, or other valuables?  | ave within 1 yea             | ar before you filed fo   | r bankruptcy, a            | ny safe de <sub>l</sub> | oosit box or other depo                              | sitory     | for securities,                              |
|     | ■ No  |                              |  |                            |                         |  |            |  |
|     | Yes. Fill in the details.   |                              |  |                            |                         |  |            |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State   | and ZIP Code)                | Who else had ac<br>Address (Number,<br>State and ZIP Code)           |                            | Describe                | the contents   |            | Do you still<br>have it?                     |
| 22. | Have you stored property in a s   | storage unit or <sub>l</sub> | place other than you   | r home within 1            | year befor              | e you filed for bankrup                              | otcy?      |  |
|     | Yes. Fill in the details.   |                              |  |                            |                         |  |            |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State  | and ZIP Code)                | Who else has or<br>to it?<br>Address (Number,<br>State and ZIP Code) |                            | Describe                | the contents   |            | Do you still<br>have it?                     |
| Pa  | rt 9: Identify Property You Ho  | ld or Control fo             | ,  |                            |                         |  |            |  |
| 23. |   |                              |  | lude any proper            | ty you bor              | rowed from, are storing                              | រ្វ for, o | or hold in trust                             |
|     | No  |                              |  |                            |                         |  |            |  |
|     | ☐ Yes. Fill in the details.  Owner's Name Address (Number, Street, City, State  | and ZIP Code)                | Where is the pro<br>(Number, Street, City,                           |                            | Describe                | the property   |            | Value  |
|     |   |                              | Code)  |                            |                         |  |            |  |
|     | rt 10: Give Details About Envir   |                              |  |                            |                         |  |            |  |
| FOI | the purpose of Part 10, the follo   | wing definitions             | s арріу:   |                            |                         |  |            |  |
|     | Environmental law means any toxic substances, wastes, or many regulations controlling the clear   | aterial into the             | air, land, soil, surfac  | e water, ground            |                         |  |            |  |
|     | Site means any location, facilit  |                              | -  | environmental              | law, wheth              | er you now own, opera                                | ıte, or    | utilize it or used                           |

Official Form 107

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance,

hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Edyta Iskra

| 24.  | 4. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? |  |  |                    |  |  |  |  |
|--|---|--|--|--------------------|--|--|--|--|
|  | <ul><li>No</li><li>Yes. Fill in the details.</li></ul>  |  |  |                    |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |
| 25.  | Have you notified any governmental unit of any  | release of hazardous material?   |  |                    |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |  |
|  | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                                  | Date of notice     |  |  |  |  |
| 26.  | Have you been a party in any judicial or adminis  | strative proceeding under any enviro                                       | onmental law? Include settlements a                                | nd orders.         |  |  |  |  |
|  | ■ No □ Yes. Fill in the details.  |  |  |                    |  |  |  |  |
|  | Case Title<br>Case Number   | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case   | Status of the case |  |  |  |  |
| Par  | 11: Give Details About Your Business or Con   | nections to Any Business   |  |                    |  |  |  |  |
| 27.  | Within 4 years before you filed for bankruptcy, o   | did you own a business or have any   | of the following connections to any                                | business?          |  |  |  |  |
|  | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time                         |  |  |                    |  |  |  |  |
|  | ☐ A member of a limited liability company   | (LLC) or limited liability partnership                                     | (LLP)  |                    |  |  |  |  |
|  | ☐ A partner in a partnership  |  |  |                    |  |  |  |  |
|  | ☐ An officer, director, or managing execut  | ive of a corporation   |  |                    |  |  |  |  |
|  | ☐ An owner of at least 5% of the voting or equity securities of a corporation   |  |  |                    |  |  |  |  |
|  | ■ No. None of the above applies. Go to Part   | 12.  |  |                    |  |  |  |  |
|  | ☐ Yes. Check all that apply above and fill in the   | he details below for each business.  |  |                    |  |  |  |  |
|  | Business Name Des<br>Address  | scribe the nature of the business  | Employer Identification number<br>Do not include Social Security I |                    |  |  |  |  |
|  |   | me of accountant or bookkeeper   | Dates business existed   | iamber of friit.   |  |  |  |  |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. |   |  |  |                    |  |  |  |  |
|  | ■ No □ Yes. Fill in the details below.  |  |  |                    |  |  |  |  |
|  | Name Address (Number, Street, City, State and ZIP Code)   |  |  |                    |  |  |  |  |
|  |   |  |  |                    |  |  |  |  |

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Debtor 1 Edyta Iskra Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Edyta Iskra Signature of Debtor 2 Edyta Iskra Signature of Debtor 1 Date October 31, 2016 Date Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person \_\_\_\_\_. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

■ No

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| Fill in this inform   | Fill in this information to identify your case:  |                |  |  |  |  |  |
|---|--|----------------|--|--|--|--|--|
| Debtor 1  | Edyta Iskra<br>First Name  | Middle Name    | Last Name  | _  |  |  |  |
| Debtor 2<br>(Spouse if, filing)   | First Name   | Middle Name    | Last Name  |  |  |  |  |
| United States Ba  | ankruptcy Court for the:   | NORTHERN DIS   | TRICT OF ILLINOIS  |  |  |  |  |
| Case number(if known)   |  |                |  | ☐ Check if this is an amended filing       |  |  |  |
|   | Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15  |                |  |  |  |  |  |
| ■ creditors have ■ you have leas You must file thi whiche on the  If two married pe sign ar  Be as complete a write you | If you are an individual filing under chapter 7, you must fill out this form if:  creditors have claims secured by your property, or  you have leased personal property and the lease has not expired.  You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form  If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.  Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). |                |  |  |  |  |  |
|   | our Creditors Who Hav  |                | : Creditors Who Have Claims Secured by   | Property (Official Form 106D), fill in the |  |  |  |
| information be  |  |                | What do you intend to do with the prop secures a debt?   |  |  |  |  |
| Creditor's C  | Caliber Home Loans, I  | nc             | <ul><li>☐ Surrender the property.</li><li>☐ Retain the property and redeem it.</li></ul>                                       | □ No                                       |  |  |  |
| Description of property securing debt:  | FHA Real Estate M  | ortgage        | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes                                      |  |  |  |
| Creditor's C  | Caliber Home Loans, I  | nc             | ☐ Surrender the property. ☐ Retain the property and redeem it.   | □ No                                       |  |  |  |
| Description of property securing debt:  | 60446 Will County  | Romeoville, IL | <ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul> | ■ Yes                                      |  |  |  |

Official Form 108

property

Creditor's

name:

Statement of Intention for Individuals Filing Under Chapter 7

 $\square$  Surrender the property.

☐ Retain the property and redeem it.

Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

Chase Auto Finance

Description of 2011 Mazda CX-9 110,000 miles

☐ No

Yes

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| Debtor 1   | Edyta Iskra   | Case number (if known)   |
|------------|---|--|
| securi     | ng debt:  |  |
|            | List Your Unexpired Personal Property Le  |  |
| in the inf | ormation below. Do not list real estate lease   | isted in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill is. Unexpired leases are leases that are still in effect; the lease period has not yet ended. see if the trustee does not assume it. 11 U.S.C. § 365(p)(2). |
| Describe   | e your unexpired personal property leases   | Will the lease be assumed?   |
| Lessor's   | name:<br>ion of leased  | □ No   |
| Property   |   | ☐ Yes  |
| Lessor's   | name:<br>ion of leased  | □ No   |
| Property   |   | ☐ Yes  |
| Lessor's   | name:<br>ion of leased  | □ No   |
| Property   |   | ☐ Yes  |
| Lessor's   | name:<br>ion of leased  | □ No   |
| Property   |   | ☐ Yes  |
| Lessor's   | name:<br>ion of leased  | □ No   |
| Property   |   | ☐ Yes  |
| Lessor's   | name:<br>ion of leased  | □ No   |
| Property   |   | ☐ Yes  |
| Lessor's   |   | □ No   |
| Property   | ion of leased<br>:  | ☐ Yes  |
| Part 3:    | Sign Below  |  |
| Under pe   | enalty of perjury, I declare that I have indicat that is subject to an unexpired lease. | ed my intention about any property of my estate that secures a debt and any personal   |
|            | Edyta Iskra   | X  |
|            | yta Iskra<br>nature of Debtor 1   | Signature of Debtor 2  |
| _          |   | D. I.  |
| Dat        | October 31, 2016  | Date   |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee \$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-36009 Doc 1 Filed 11/11/16 Entered 11/11/16 12:37:26 Desc Main Document Page 49 of 57

B2030 (Form 2030) (12/15)

# **United States Bankruptcy Court Northern District of Illinois**

| In re   | Edyta Iskra  |   | Case No   |                               |          |
|---------|--|---|---|-------------------------------|----------|
|         |  | Debtor(s)   | Chapter   | 7                             |          |
|         | DISCLOSURE OF COM  | PENSATION OF ATTOR  | NEY FOR D   | EBTOR(S)                      |          |
| C       | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2 compensation paid to me within one year before the per rendered on behalf of the debtor(s) in contemplat   | filing of the petition in bankruptcy, of  | or agreed to be pai   | d to me, for services rendere | d or to  |
|         | For legal services, I have agreed to accept  |   | \$  | 1,200.00                      |          |
|         | Prior to the filing of this statement I have receive   | ved   | \$  | 600.00                        |          |
|         | Balance Due  |   | \$  | 600.00                        |          |
| 2. Т    | The source of the compensation paid to me was:   |   |   |                               |          |
|         | ■ Debtor □ Other (specify):  |   |   |                               |          |
| 3. 7    | The source of compensation to be paid to me is:  |   |   |                               |          |
|         | ■ Debtor □ Other (specify):  |   |   |                               |          |
| 4.      | ■ I have not agreed to share the above-disclosed c   | ompensation with any other person u   | inless they are men   | nbers and associates of my la | aw firm. |
| 1       | ☐ I have agreed to share the above-disclosed comp<br>copy of the agreement, together with a list of the  |   |   |                               | m. A     |
| 5. ]    | In return for the above-disclosed fee, I have agreed   | to render legal service for all aspects   | of the bankruptcy   | case, including:              |          |
| t<br>c  | <ul> <li>Analysis of the debtor's financial situation, and r</li> <li>Preparation and filing of any petition, schedules,</li> <li>Representation of the debtor at the meeting of cr</li> <li>[Other provisions as needed] Negotiations with secured creditors to r agreements and applications as needed of liens on household goods.</li> </ul> | statement of affairs and plan which<br>editors and confirmation hearing, and<br>reduce to market value; exemption | may be required;<br>I any adjourned he<br>n planning; prepa | arings thereof;               | nation   |
| 5. I    | By agreement with the debtor(s), the above-disclose<br>Representation of the debtors in any di<br>adversary proceeding.  |   |   | ef from stay actions or an    | y other  |
|         |  | CERTIFICATION   |   |                               |          |
|         | certify that the foregoing is a complete statement of ankruptcy proceeding.  | of any agreement or arrangement for p   | payment to me for   | representation of the debtor( | s) in    |
| 0       | ctober 31, 2016  | /s/ Michael J. Worw   | /ag   |                               |          |
| $D_{i}$ | ate  | Michael J. Worwag   |   |                               |          |
|         |  | Signature of Attorney<br>Worwag & Malysz,   |   |                               |          |
|         |  | The Peoples Advoc   |   |                               |          |
|         |  | 2500 E. Devon Ave   |   |                               |          |
|         |  | Des Plaines, IL 600<br>847.954.2350 Fax   |   |                               |          |
|         |  | mjworwag@gmail.d  |   |                               |          |
|         |  | Name of law firm  |   |                               |          |

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## WORWAG & MALYSZ, P.C.

adba The Peoples Advocates www.worwagmalyszlaw.com

2500 E. Devon Ave #300 Des Plaines, Illinois 60018

Phone: 847.533.3303 Email: mjworwag@gmail.com

10135 S. Roberts Rd. #205 Palos Hill, Illinois 60465 Phone: 773.586.4010 Fax:847.954.2755

### Retainer for Legal Services

Chapter 7- Eliminates dischargeable unsecured debts. Certain debts may not be dischargeable. +\$70.00 cc

Your fee for our services is \$\int \textit{\OC}\textit{}\_\textit{.}\textit{.

Today you paid \$ \_\_\_\_\_.

You agree to pay the balance of \$ \_\_\_\_\_ by the date of the trustee meeting.

Filing Fee- You will also provide a separate payment for \$335.00. The \$335 filing fee is a separate cost and is not included in the fee that you were quoted for our services and must be paid before we file.

This agreement will serve as an engagement agreement that will establish the terms of our relationship. When you sign it, it will become a contract between us. In passing the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005, the Congress imposed strict requirements upon attorneys representing debtors, requiring them to specify what duties they will perform and to make certain representations to clients. Those specific duties and representations are set out in the representation agreement. Please read this agreement carefully and be sure you understand it. If you have any questions, you should consult with me before signing. Once you are satisfied with the agreement, please sign and return a copy to me. The following are the specifics of our proposed representation. We will:

- Meet with you to discuss your financial situation and possible solutions;
- 2. Provide the section 342(b)(1) notice, which sets out the purpose, benefits, and costs of filing under Chapters 7, 11, 12 or 13; the types of services available from credit counseling agencies; and the penalties of committing certain bankruptcy crimes, and will explain the notice to you;
- 3. Prepare the necessary bankruptcy petition, schedules, statement of affairs, and other documents, and review and file the bankruptcy case under the chapter you select;
- Prepare for and accompany you to the section 341 first meeting of creditors;
- Assist in the amendments to the papers filed and the production of such documents as the trustee requests;
- 6. Assist you in the negotiation and execution of reaffirmation agreements that are in your best interest and meet all requirements of the law.

FULL DISCLOSURE- You agree that you will fully disclose all financial information. You agree to disclose ALL of your assets, debts and income and understand that it is a Federal crime to omit any other information from your bankruptcy petition punishable by fine of up to \$500,000 or imprisonment for up to 5 years or both. You also agree to provide our office with proof of your income for the last six months and your tax returns for the previous two (2) years.

→ FINANACIAL MANANGEMENT AND CREDIT COUNSELING COURSES- Under the new law you are required to take a Credit Counseling Course prior to the filing of your bankruptcy

petition and a Financial Management Course prior to the discharge of your bankruptcy for an

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ADDITITONAL FEE (usually no more than \$100). If you fail to complete these courses your bankruptcy will be denied.

Attached are notices and information I am required to give you by law. Please read all information.

### **Debt Relief Agency Disclosures to an Assisted Person**

Section 527 of the Bankruptcy Code requires a Debt Relief Agency to provide an assisted person with the following:

- 1. A copy of the notice prepared by the clerk of the Bankruptcy Court, in accordance with the requirements of § 342(b), which is attached hereto and which contains:
  - (1) a brief description of
    - (A) Chapters 7, 11, 12, and 13 and the general purpose, benefits, and costs of proceeding under each of those chapters; and
    - (B) the types of services available from credit counseling agencies; and
  - (2) statements specifying that
    - (A) a person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury in connection with a case under this title shall be subject to fine, imprisonment, or both; and
    - (B) all information supplied by a debtor in connection with a case under this title is subject to examination by the Attorney General.
- 2. The following disclosures are required by § 527(a)(2), which advises an assisted person that:
  - (A) all information that the assisted person is required to provide with a petition and thereafter during a case under this title is required to be complete, accurate, and truthful;
  - (B) all assets and all liabilities are required to be completely and accurately disclosed in the documents filed to commence the case, and the replacement value of each asset as defined in § 506 must be stated in those documents where requested after reasonable inquiry to establish such value;
  - (C) current monthly income, the amounts specified in section 707(b)(2), and, in a case under Chapter 13 of this title, disposable income (determined in accordance with § 707(b)(2)) are required to be stated after reasonable inquiry; and
  - (D) information that an assisted person provides during his or her case may be audited pursuant to this title, and failure to provide such information may result in dismissal of the case under this title or other sanction, including a criminal sanction.

If you have any questions about any of these disclosures, we will be happy to provide further explanation.

We also call your attention to Exhibits A and B attached to the Representation and made a part thereof.

#### EXHIBIT A

### Separate Disclosure Required by Section 527 of the Bankruptcy Code as Amended

IMPORTANT INFORMATION ABOUT BANKRUPTCY ASSISTANCE SERVICES FROM AN ATTORNEY

(Note: This form is mandated by statute. It may or may not correctly explain the law.)

If you decide to seek bankruptcy relief, you can represent yourself, you can hire an attorney to represent you, or you can get help in some localities from a bankruptcy petition preparer who is not an attorney. The law requires an attorney or bankruptcy petition preparer to give you a written contract specifying what the attorney or bankruptcy petition preparer will do for you and how much it will cost. Ask to see the contract before you hire anyone.

The following information explains what must be done in a routine bankruptcy case to help you evaluate how much service you need. Before filing a bankruptcy case, either you or your attorney should analyze your eligibility for different forms of debt relief available under the Bankruptcy Code and decide which form of relief is most likely to be beneficial for you. Be sure you understand the relief you can obtain and its limitations. To file a bankruptcy case, documents (Petition, Schedules, Statement of Financial Affairs, and in some cases a Statement of Intention) must be prepared correctly and filed with the bankruptcy court. You will have to pay a filing fee to the bankruptcy court. Once your case starts, you must attend the required first meeting of creditors, where you may be questioned by a court official called a "trustee" and by creditors.

If you choose to file a Chapter 7 case, you may be asked by a creditor to reaffirm a debt. You may want help deciding whether to do so. A creditor is not permitted to coerce you into reaffirming your debts.

If you choose to file a Chapter 13 case, in which you repay your creditors what you can afford over 3 to 5 years, you may also want help preparing your Chapter 13 plan and with the confirmation hearing on your plan, which will be before a bankruptcy judge.

If you select another type of relief under the Bankruptcy Code other than Chapter 7 or Chapter 13, you should consult someone familiar with that type of relief.

Your bankruptcy case may also involve litigation. You are generally permitted to represent yourself in litigation in bankruptcy court, but only lawyers, not bankruptcy petition preparers, can give you legal advice.

Client hereby acknowledges receipt of a copy of this disclosure.

#### EXHIBIT B

# Information to the Assisted Person (Debtor) on How to Provide All Information Required by Section 521

Section 521 of the Code sets out the Debtor's duties related to the filing of a bankruptcy case. A copy of the section is attached to this writing.

As you fill out these schedules and statement of affairs, you should keep the following in mind:

- 1. Completing the income and expense pages accurately and completely is critical.
  - (a) To compile your income, refer to recent pay stubs and last year's income tax returns. Accounting for overtime, investment dividends, and other earnings is necessary.
  - (b) People usually pay cash for many items, such as groceries. Review your monthly expense payments and make a best estimate on cash expenditures. If you pay insurance annually, calculate the monthly cost. Attached are IRS expense allowances for the area in which you live. If your expenses exceed these, we will have to review them and perhaps make adjustments.
  - (c) When you value property you own, consider prices in the neighborhood for housing, in newspapers and car lots for automobiles, and what you would pay for furniture and clothes at a business selling such goods.
  - (d) If you have an item of special value, an appraisal may be necessary.
  - (e) When listing creditors, collect current bills and use that information for mailing addresses and balances due.
  - (f) Under the law of this state, or federal bankruptcy law, certain property may be exempt and may be retained. Attached is a copy of the state list of exemptions and also a list of property that may be exempt under federal law. Neither list is all-inclusive. If a seller has a lien on exempt property, the lien may be avoidable or you may have to pay for the property in order to keep it. After you have prepared these lists, we can review them and decide what property qualifies as exempt.

ADDITIONAL FEES- The only reason that you may be charged additional fees is a) Failing to list debts at time of filing that later have to be added to your bankruptcy documents. There is a \$100 charge to amend your petition, b) Missing court date. You must attend a meeting of creditors approximately 4 - 6 weeks after your case is filed. I still have to appear if you cannot, so there will be a \$150 additional fee for a missed court date. c) Adversary objections to discharge debts based on fraudulent use of credit cards or other dischargeability issues. Fee for litigating a dischargeability issue is \$200 per hour, five hours to be paid in advance if we decide to represent you. d) Lien avoidance. You agree that the above quoted fee does not include services provided to avoid judgment liens (\$200 per hour) and non-purchase money security interests (\$200 per hour). You understand and agree that if you do not pay the fee, I will not bring the motion and the lien will survive the bankruptcy. Reaffirmations- Once you reaffim a debt, you may only rescind the reaffirmation agreement by contacting our office no less than two weeks prior

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to the bar date for rescissions. You may only reaffirm a debt if it does not impose an undue hardship to you.

| , oa.   |   |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| Secured Debts   | Unsecured Debts   | Non-Dischargeable                             |  |  |  |  |  |  |
| Mortgage Arrears  |   | Tax   |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |
|   | <del></del> -   |   |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |
| Total Secured \$  | Total Unsecured   | Total Non-Disc \$                             |  |  |  |  |  |  |
|   | <u>de before i file your case:</u> (I canno   |   |  |  |  |  |  |  |
| Your state and fed  | leral income tax returns for the prior 2 years  | and W2 Stubs.                                 |  |  |  |  |  |  |
| <ul> <li>Your most recent<br/>from all sources</li> </ul>     | pay stubs from all employers, and records o   | oncerning your earnings for the past 6 months |  |  |  |  |  |  |
| • All bills from all cr                                       | • All bills from all creditors for the past 90 days so that we may determine the proper place to send notice. |   |  |  |  |  |  |  |
| All loan document   | s for all secured loans, including home loans   | and auto loans                                |  |  |  |  |  |  |
| <ul> <li>Your social securit</li> </ul>                       | y card  |   |  |  |  |  |  |  |
| Your photo identif  | ication card  |   |  |  |  |  |  |  |
| • List of your house  | hold income and expenses  |   |  |  |  |  |  |  |
|   | g every item of property you own, including   |   |  |  |  |  |  |  |
| <ul> <li>Details concerning</li> </ul>                        | g any litigation in which you involved now or   | in which you may be involved in the future.   |  |  |  |  |  |  |
| <ul> <li>Information on ar<br/>may be a beneficiar</li> </ul> | ny inheritance you may have received, exper<br>Ty   | ct to receive or trust as to which you are or |  |  |  |  |  |  |
| <ul> <li>Information on al</li> </ul>                         | l insurance policies  |   |  |  |  |  |  |  |
| Credit Coul   | nseling Certificate   |   |  |  |  |  |  |  |
| I hereby acknowledge agreement and I/we un                    | that I/We have read and reviewed t  | his 5 page retainer/representation            |  |  |  |  |  |  |
| x adulo Him   | 2 10/19/2016 x  |   |  |  |  |  |  |  |
| Client  | Date 2016 X Clie  | nt Date                                       |  |  |  |  |  |  |

Attorney on behalf of Worwag & Malysz, PC

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### United States Bankruptcy Court Northern District of Illinois

| In re | Edyta Iskra                                |   | Case No.          |                           |  |  |  |  |
|-------|--|---|-------------------|---------------------------|--|--|--|--|
|       |  | Debtor(s)                                       | Chapter           | 7                         |  |  |  |  |
|       | VERIFICATION OF CREDITOR MATRIX            |   |                   |                           |  |  |  |  |
|       |  | Number of 0                                     | Creditors:        | 18                        |  |  |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor       | ors is true and o | correct to the best of my |  |  |  |  |
| Date: | October 31, 2016                           | /s/ Edyta Iskra Edyta Iskra Signature of Debtor |                   |                           |  |  |  |  |

Alltran Financial LP PO Box 610 Sauk Rapids, MN 56379

American Coradius Intl. LLC 35A Rust Lane Boerne, TX 78006-8202

Amex Correspondence Po Box 981540 ElPaso, TX 79998

Blitt & Gaines 661 W. Glenn Ave Wheeling, IL 60090

Caliber Home Loans, Inc Attn: Cash Operations Po Box 24330 Oklahoma City, OK 73124

Capital One Po Box 30285 Salt Lake City, UT 84130

Chase Auto Finance National Bankruptcy Dept 201 N Central Ave Ms Az1-1191 Phoenix, AZ 85004

Childrens Place Attn: Citicorp Credit Services Po Box 20507 Kansas City, MO 64195

Client Services, Inc. PO Box 1503 Saint Peters, MO 63376

Financial Recovery Services P.O. Box 385908 Minneapolis, MN 55438

Fingerhut 6250 Ridgewood Rd St Cloud, MN 56303

Global Credit & Collection Corp 5440 N Cumberland Ave Ste 300 Chicago, IL 60656

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

Midland Funding 2365 Northside Dr Suite 300 San Diego, CA 92108

Portfolio Recovery Po Box 41067 Norfolk, VA 23541

Synchrony Bank/TJ MAxx Po Box 965064 Orlando, FL 32896

Target C/O Financial & Retail Services Mailstop BT PO Box 9475 Minneapolis, MN 55440

United Recovery Systems, LP PO Box 4043 Concord, CA 94524